Ä

state

should

1. PLACE OF DEATH	7900 7900
County allgens	Registration Dist. No.
Village or City Burker Control WITHIN CORE	No. Franks Lane St. 6-4 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jarephine Bayticas	If U. S. Veteran, specify WAR
(a) Residence: No. Tuesta fee	St., 6-4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH and 20 1936
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of (left) Bar T	22. I HEREBY CERTIFY That I ettended deceased from
your Runk	Clerg 10 ,1931, to leng 70, 1936
6. DATE OF BIRTH (month, day, end year) and 10, 1860	I last saw \ Tr elive on Berg 70 1, 1936; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, at
71 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Uneus is lossing any
SAWYER, BOOKKEEPER, etc.	195;
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1936
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and spent in this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city of town)	Chron is neghing . 3 yes
(State or country)	- Chronic and toplets
13. NAME John Swark	
13. NAME John Swack 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME unknown / 16. BIRTHPLACE (city or town) Hermany	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicide?Date of injury19
(Stete or country)	Where did injury occur?
17. INFORMANT John matrick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. V. Dete Wegg 4, 1936	Neture of injury
19 UNDERFARED This This	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Bayland And	If so, specify
100 Black 1176 Dr. J. R. 71. 60	(Signed) Jhou 16- Jy M. D
20. FILED Mg 74., 19 56 J. G. Steeling. Registrar.	(Address) Oun In Tand, XIII)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE

7901

County Allegany	Registration Dist. No.
// •/ ▼ // //	
Village or City / July base ma	No. St., Wal
Langth of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Charles Edurard	Blank)
	1/ d of Ward
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word naving a few word)	
a. If married, widowed, or divorced HUSBANO of (or) WIFE of COOO	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF RIRTH (month day and year) aw. 1, 1881	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
DATE OF BIRTH (month, day, and year) , , , , , , , , , , , , , , , , , , ,	I last saw h alva pn 19 leath is sa
Q 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
S. Trade, profession, or particular	were as follows: led for cutting I Octoofone
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
Industry or business in which work was done, as SILK MILL,	Multiple padenco.
SAW MILL, BANK, etc	Frachited phull
this occupation (month and spant in this occupation occupation	
not Sounce	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) 1144 . Savada (State or country)	
13. NAME Edward Blank	
13. NAME 7 dward Slauk) 14. BIRTHPLACE (city or town) Mt. Savage	Name of operation Date of
(State or country) Md	What test confirmed diagnosis? Climed Was there an autopsy?
15. MAIOEN NAME Cocilia Orndorff	23. If death was due to external causes (VIOL ENCE) fill in also tha fell-Gring:
16. BIRTHPLACE (city or town) Mt. Savage	Accident, suicide, or homicide? Que Date of injury / 193 (
(State or country)	Where did injury occur?
7. INFORMANT THE Chap Black	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury Think by ality
Place Tarburg Ma Data aug. 21, 19.	3.6. Nature of injury 7 ractioned of
9. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
0. FILED ang 19, 19 > 6 Q. R. Woodhe Un-	(Signed) Lank Walter M (Address) Trostling M.L.
Kegistra	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

4	90 O	PLACE OF DEATH	STATE OF MARYLAND
FA	HX	County allegany	CERTIFICATE OF DEATH
AI)	Υ, p	County	Registration Dist. No.
ORD	ACTL assifi	Village or City Oldtown (No.	St: Ward) If death occurred in a hospital or institu-
REC	EX ly cl	2 FULL NAME Delas Price &	Carder etend of street and Lumber.)
	stated properl f certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANE	uld be s nay be p back of	male white SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 1836
PER	shou it ma	6 DATE OF BIRTH June 14	HEREBY CORTIFY, That I attended the deceased from
Z &	CE shat	august 1 1863	that I last saw hand alive on aug 572 183.
S	ied ACE s so that structions	7 AGE (Month) (Day) (Tear) 2 3 If LESS than	and that death occurred on the date stated above, at
SHS SH		1 62 1 ag hrs.	The COSE OF DEATH & was as follows:
	torn tern	8 OCCUPATION ds. or min. ?	Just
Z	t. S	(a) Trade, profession or particular kind of work	
NG ON	plan	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
NFAD OF	be c ATH imp	9 BIRTHPLACE (State or country) Cledtown Ind	Contributory Secondary (Dention) yrs. 11.08.
AL H	hould OF DE	10 NAME OF James Carder	(Signed) Jedh (arch M. I
	(F) 141 ==	11 BIRTHPLACE OF FATHER Manchen Manchen	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
>	ATION	(2) 18 MAIDEN NAME)	Accidental, Suicidal or illomicidal
Z	E 0 0	a fane durgg	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	f inford state	OF MOTHER (State or country) Maryland	At place In the of death yrs. mos. da, State, yrs. mos. da
	OE O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRI.	itern S sho ment	(Informant) Adward Carder	Former or usual residence
i	CIANS	(Address) Oldtown Md	19 I LACE OF BURIAL OR REMOVAE DATE OF BURIAL (leftour Md dug 10, 1926)
9		Filed aug 8 196 Carrie & Shanko	20 UNDERTAKER
1 1	= (1	Registrar	& deries orlew due somble mg
	7	e wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the ployed, as At *chool or At home. Care should be taken to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the nature of the business or Industry, and therefore an Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not pald Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emgaged in domestic service for wages, as Servant, Cook, or given up on account of the disease causing Drath, For many occupations a single word or term on Civil engineer. Stationary fremen, etc. But in many additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; worked on may form part of the second statement. fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) The material Statement of Occupation -- Precise statement of occupation is very Important, so that the relative health-Physician. Compositor, Architect. Locomotive engineer, (a) Foreman, (b) Automobile factory. whatever, write None.

Structurent of Cause of Death—Name, first, the bishase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never pener "Typhoid pneumonia"); Lobar pneumonia. Rr. (Dibermonia");

diseases resulting from childbirth or miscarriage as as probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; quences (e. g., sepsis, tetanus) may be stated under the (Recommendations on statement of cause of death approved by Committee on affection need not be conditions, such as "Asthenia," "Anaemla" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Con-"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as accidental, suicidal, or Homicidal, or Examples: Accidental drowning; Struck by railrow Poisoned by curbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consenges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of , (name origin; "Cancer" is less definite; avoid use of "Tunor" for malignant neoplasms); Meastes; Chronic interstitial nephritis, etc. The contributory ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," vulsions," "Debility" ("Congenital," "Seulle," Stated inless important. Example: Measles Whobping cough; Chronic valvular heart Bronchopneumonia (secondary or intercurrent) causing death), 29 ds.; head of "contributory." "Dropsy," use

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH			210-70
County	LLEGANY			Registration Dist. No. 4
			(1)	AL MOSPITAL St., 6 - Ward feeth occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds
	ME CHAME			2HOURS If U. S. Veteran, specify WAR
	e: No. 647	The state of the s	The state of the s	If nonresident give city or town and State
	AL AND STATIS	1		MEDICAL CERTIFICATE OF DEATH
MALE	4. COLOR OR RACE WHITE		RIED, WIDOWED, D (write the word) CED	21. DATE OF DEATH AUGUST 21, 1936 (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	d, or divorced	unk	noun	22. THEREBY CERTIFY, That attended decessed from
6. DATE OF BIRTH (month, day, end year)	JAN.16.1	890	I last saw h alive on 19 ; death is said
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, at 9.35. In. M.
46	1 7	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of w	sion, or particular ork done, as SPINNER,	UNEMPLOY	TriD	fractured Schull
SAWTER,	BOOKKEEPER, etc usiness in which done, es SILK MILL, ., BANK, etc	MINEMATE TO THE	Jelly	- Boral
10. Oate decease		spe	ime (years) nt in this upation	
12. BIRTHPLACE (cit (State or coun	or town)_WESTV	IRGIN-IA-		Other Centributery Causes of importance:
	NDREW CHAM	BERS		
14. BIRTHPLACE (State or	(city or town)WES	T VIRGIN	IA	Name of operation
15. MAIDEN NAI	IE 2	unknow	W	23. If death was due to external causes (VIOLENCE) fill o elso the following:
-	(city or town)?			Accident, suicide, or homicide? Accidents of injury try 10-3 (Where did injury occur? April 10 (1) (1) (1) (1)
17. INFORMANT	MORIAL HOS			(Specify city or town, couply and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ON, OR REMOVAL	e Date au	1936	Manner of injury Later Account Shall
19. UNDERTAKER	W. W. Cho	mbera (eh. 8.0.	24. Was disease or injury In any way related to occupation of deceesed? If so, specify
20. FILED ang	271076 8	J. P. Zu	Registrar.	(Signed)

DR. HODGES Jr.

SCORD. Every item of infor-PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECO

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAN

FOR BINDING

RGIN RESERVED

of OCCUPA.

Exact statement

properly classified.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	41	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	\	PEAGVI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of onset

(Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

RGIN	UNFADI
-	WITH efully su
•	-WRITE PLAINLY, WITH UNFA mation should be carefully supplied
J. 19	N. B.—WRITE PLAINLY, WITH UNFADI
V. S. No. 1	×. (

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19 UNDERTAKER

(Address)

(Address)

is very

LION

Medford.Coffman.

John . C . Wolford

Cumberland.

Date Aug. 10. 1836

Carrigansville

BINDING

FOR

RESERVED

If so, specify ...

Where did injury occur?____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows: P 8 1930	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis HI PAII V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
2	Registration Dist. No.
Village or City H walking (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH &
8 - /7 - 36 , 1 (Month) (Day) (Year)	that I last saw h and Could (192
7 AGE If LESS than I day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mosds
9 BIRTHPLACE (State or country) Hrolling mod 10 NAME OF FATHER Alexander Conrad-	(Signed) (Si
OF FATHER (State or country) Frostburg Und. 12 MAIDEN NAME O	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Lola Motan 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds
(Informant) Dola Morga	Where was disease contracted, if not at place of dea.h?
(Address) Frathry . Ud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Filed 8-19 1936 Q.R. Waller U.A.	20 UNDERTAKER ADDRESS
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman, person, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DISEANE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

discases resulting from childbirth or miscarriage as "PUERRERAL septicaemia," "PUERRERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic affection need etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		119	
County alles	em WITHIN CO	ORPORATE ALIMITS Registration Dist. No.	4
Village or City	Ce Con I I III VI	No lileson Heart of	∠ Ward
		f death occurred in a hospitalor institution, give its NAME instead of street ar	nd number)
Length of residence in city or town where de	ath occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrs	_mosds.
2. FULL NAME	cy comelin	Clyde Warner Orville WAR	
(a) Residence: No.	21 Rulling Mill	Ward,	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town a	
	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
M. W.	OR DIVORCED (awrite the word)	Oronth) (Day)	., 193 6 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attend	
6. DATE OF BIRTH (month, day, and year)	Vench 8, 1936	I last saw h aliva on 193	de : death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4'. 4	., death 13 3aid
. 5 Mus.	18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular kind of work dona, as SPINNER,	[01	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	*****	I Flow colitis	
9. Industry or Dusiness in which work was done, as SILK MILL.			
SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month and year)	spent in this		
CALL	le Cal	Other Contributory Causes of Importanca;	
12. BIRTHPLACE (city or town) (Stata or country)	Vid	-	
TI 13. NAME	Comeleis		
13. NAME 14. BIRTHPLACE (city or town) MARY I.	AND	Nama of operation Date of	
(State of Country)	HARRING	What test confirmed diagnosis?	14.
15. MAIDEN NAME	Milla	23. If death was due to external causes (VIOL ENCE) fill in also the follow	lng:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Data of injury	, 19
∑ (State or country)	٠.	Where did Injury occur?	2
17. INFORMANT Wills (Address) 10 21 Rule	Virgie Cornelius	(Specify city or town, county and S Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place V. L. Cerm.	Date (ing, 77, 1936	Natura of injury	4
19. UNDERTAKER Suis 1	lei Tra	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED ang 26, 19 36 De	. J. P. Jankle.	(Signed) Walte B. Julian	M. D
10	Registrar.	(Address)	many.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Name of deceased, name and birthplace of father, name of informant changed by letter filed 10/5/36 under DR. JOHNSON. - L.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH	SERVINIONIE OF BEATH	
	County (Illuany)	Registration Dist. No.	
		NoSt.,St.,	Ward
	Length of residence in city of town where death obserredmos.	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2	. FULL NAME JULY LOW (ASNIX	/ If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE 5. SINGSE, MARRIED, WIDOWED, OR DIVORCED (print the word)	21. DATE OF DEATH (Month) (Oay) (Yea) (r)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of	24. THEREBY CERTIFY. That Lattended deceased	from
6.1	DATE OF BIRTH (month, day, and beat us 7, 1936	last say har alive on auch 7 th 19 5 (c death):	S said
-	AGE Years Months Oays If LESS than 1 day, J. Q. hrs.	to have occurred on the date stated above, atm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	primaturily -	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
000	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) ATLANT A M. (State or couptry)	Other Contributory Canses of Importance: Fernanchung	
IER	13. NAME Harry Cosnis		
FATHI	14. BIRTHPLACE (city or town) - M. J. Sturm, w. b.	Name of operation Oate of What test confirmed diagnosis? Was there an autopyl	1
ER	15. MAIDEN NAME Virais Hawlin	23. If death was due to external causes (VIOLENCE) fill in also the following:	-1-3-
MOTHER	16. BIRTHPLACE (city or town) (State or country) M + Starm, W, UM	Accident, suicide, or homicide?0ate of injury19_	
17.	INFORMANTINS. n. D. Cosner.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR DEMOVAL Place LAT. Itoma All Vancuia 8 1936	Manner of injury	
-	15 12 11	Nature of injury.	
19.	UNOERTAKER DOCK	24. Was disease of injury in any way related to occupation of deceased? If so, specify A. W. M. W. L.	
20.	FILED dug . 7, 156 al Bayenhaber m.D.	(Signed) Ustirmant M	_M. O.

WARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death-and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	and the second s			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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7907

	1. PLACE O	F DEATH				(20)	
	County	ALLEGA	NY	WIT	HIN- CORM	Registration Dist. No.	4
	Village or	City_Gumb	erlan	d, Maryl	and	No. MemoF9.al Hospital St., death occurred in a hospital or institution, give its NAME instead of street at the street of the st	6 - (Ward
	2. FULL NA						
				Maryla	nd	St., Ward.	
	(a) Reside	100, 140,		(Usual place		If nonresident give city or town	and State
	PERSO	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	Н
	Female	4. COLOR O		5. SINGLE, MARI OR DIVORCEI Singl	(write the word)	21. DATE OF DEATH August (Month) (Day)	, 193.6. (Year)
	5a. If married, wido HUSBAND of (or) WIFE of	ved, or divorced				22. I HEREBY CERTIFY, Thet I attended to the state of the	ded deceased from
-	6. DATE OF BIRTH 7. AGE Ye	(month, day, and		ecember	28,1933	I last Taw her alive on august 3 19	36; death is said
			Months 7	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, 12:50 A. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
	R Trade profe	-		6	ormin.	were as follows:	Date of onset
	kind of	rade, profession, or particular kind of work done, as SPINNER, Child SAWYER, BOOKKEEPER, etc					quely 20
	9. Industry or work wa	business in whi is done, as SILK LL, BANK, etc	ich MILL.			acrite meringitis	
	1D. Date decea	ed last worked pation (month a	at		me (years) t i n this pation		
	12. BIRTHPLACE (c		Marv	land		Other Contributory Causes of Importance:	July
	13. NAME	Huber	t Cra			The state of the s	
	14. BIRTHPLAC (State o	E (city or town).	Engla	nd			of
	置 15. MAIDEN NA	ME Ange	la Lu	zner		What test confirmed diagnosis? Was there	
	O 16. BIRTHPLAC	E (city or town).				23. If death was due to external causes (VIDLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury	
	17. INFDRMANT (Address)	Memori	al Ho		and	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	18. BURIAL, CREMA			Date Que	q. 6,1,36	Menner of injury	
	19. UNDERTAKER (Address)	Jacol	- Kaj	lev	1 má	24. Was disease or injury in eny way releted to occupation of deceased? If so, specify	
	20. FILED Care	19.2	6 Q1	J.P. Ju	Registrar.	(Signed) (Address) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II		
The principal cause of death and related caus of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V	9			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARVI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Alleganne WITHIN	Registration Dist, No.
Village or City Instand	No. 329 + and St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 35_yrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Frances Whan	gherty If U. S. Veteran, specify WAR.
(a) Residence No. 32 9 4 asy (Usual place of abode)	St., U Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3.8EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED Coffice the	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 26	191 I lest saw have allve on any 15, 1936; death is said
	S than to heve occurred on the dete steted above, at 130/Lm.
44 11 19 1 19 or	min. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
Nade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cetrel Neumohous 3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Hadustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	, when in 3 hours offer the heart
O 10. Date deceased last worked at this occupation (month end spent in this occupation weer) spent in this occupation	
12. BIRTHPLACE (city or town) trostfring	Other Contributory Causes of importance:
(Stete or country)	Osterio Solerosos des
13. NAME fatricke Nangherte.	
13. NAME atrick Canghurty	Neme of operation Dete of
(State of country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME many Color	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Many Colors 16. BIRTHPLACE (city or town) Communication (State or country)	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur?
17. INFORMANT Notes A Wangerty (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL About Chang 18	Manner of Injury
Louis Stei 9	24. Wes disease or injury In any way related to occupation of deceased?
19. UNDERTAKER After Aft	If so, specify
1 10 31 10 100 1	(Signed) Shubl Tom M.D.
20. FILEDING. / O , 1926 AV. J. F. Chank	gistrar (Address) Succe by two hot

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified.

AGE should be

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WITH

N. B.-WRITE PLAINLY,

RGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example 11		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MASSILLA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RESERVED

OCCUPATION

FATHER

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

(State or country)

(Stete or country

jo

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important.

that

supplied OF

-WRITE CAUSE mation LION

to have occurred on the date steted ebove, et 3 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance or min. were as follows: Data of onset Trade, profession, or particular kind of work done, as SPINNER, Casawyer, BOOKKEEPER, etc. 9. Industry or business in which work was done, es S1LK MILL, SAW MILL, BANK, etc._____ 10. Date deceased last worked at 11. Total time (yeers) spent In this occupation 14. BIRTHPLACE (city or town) What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?.. 16. BIRTHPLACE (city or town) Dete of injury 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOVAL Menner of injury Nature of injury. 24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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That I attended deceased from

(Year)

(Day)

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 7910
1. PLACE OF DEATH	CORPORATE LIMITS (48)
County allegary WITHIN C	Registration Dist. No.
Village or City Comberland	No. allegary Horpful St., 4 Wa
9-5	Il death occurred in a hospitator iostitotion five its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME LAMA Cecil Ner	emer If U. S. Veteran, specify WAR
(a) Residence: No. 132 Manual Place of abode)	St., & Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widower, or divorced HUSBAND of Cor) WIFE of HUSBAND of Cor) WIFE of Husband A Neremen	22. I HEREBY CERTIFY, That I attended deceased from the state of the s
6. DATE OF BIRTH (month, day, and yeer) Jun 5 1879	I last saw h en alive on ang 4 19.36; deeth is s
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, et
57 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Harming SAWYER, BOOKKEEPER, etc.	alexa caremany
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et this occuration (month and	mufa, tree 34
10. Date decessed lest worked et this occupation (month and year) A-A D	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME / homs lending 14. BIRTHPLACE (city or town)	Neme of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Commercial Frommercia	23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Jummerly 16. BIRTHPLACE (city or town) (Stete on country)	Accident, suicide, or homicide?
17. INFORMANT AND STEERINGS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Combete Ling 6, 1936	Manner of injury
19. UNDERTAKER Lyning Stern Jora- (Address) Smiles of	24. Wes disease or injury In any wey releted to occupation of deceesed?
20. FILED aug 5, 1936 Q. J. P. Dia Registrar.	(Signed) John K Commen M (Address) 122 Belfond St Turbed
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. J.No. 1.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	ephritis SEP	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- 11 V. S. H	July 5,1927	Peritonitis	3 days ago	
	BUNEA				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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N. B.—WRITE PLAIMY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	nld	200		
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SIL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	TION is very important. See instructions on back of certificate.	
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	L PLACE OF DEA	IAIE O	F MAR	YLAND—	CERTIFICATE OF DEATH UP	0616
	County A		***	ITHIN CO		1
	Village or City	CUMBE	ERLAND	(1)	No. MEMORIAL HOSPITAL St., 6- f death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
	Length of residanca in c	city or town where d	eath occurred	yrs,mos	ds. How long in U.S.If of foreign birth?yrsmos	ds.
2	. FULL NAME		III bobi	u Dei	If U. S. Veteran, specify WAR	
_	(a) Residence: No.		(Usual place	of abode)	St., Ward. If uonresident give city or town and S	date
	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
]	FEMALE WH	OR OR RACE		RIED, WIDOWED,) (write tha word)	21. DATE OF DEATH AUGUST 5. (Month) (Day)	1936 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. Thet I attended da	
6. 1	DATE OF BIRTH (month, da	ay, and yaar) Al	JGUST 5,	1936	I last saw h aliva on	
7. /	AGE Yaars	Months	Days	if LESS than 1 day,hrs.	to have occurred on the dete stated above, at	
		llborn		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of enset
NO	8. Trada, profassion, or p kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc			Stier Borner	
OCCUPATION	9. Industry or business i	n which				
CCU	work was dona, as SAW MILL, BANK, 10. Data dacaased last wo		11. Total ti	ma (vane)	Franker 8 Her	
Ō	this occupation (mo	onth and	span	tin this		
12. BIRTHPLACE (city or town) CUMBERLAND					Other Contributory Causes of Importance:	
12.	(Stata or country))	MARYLAN	ID		
TER	13. NAME WOODR	OW DOLLY	Z			
FATHER	14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)				Name of operation Date of Whet test confirmed diagnosis? Was there an aul	
IER	15. MAIDEN NAME ELEANOR MEYERS				23. If daath wes due to external causas (VIOLENCE) fill in also the following:	оројул
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) WES	ST VIRGI	NIA	Accident, suicide, or homicide? Data of injury Where did Injury occur?	
17.	INFORMANT NEM	ORIAL HO	SPITAL		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR Place Rose H	REMOVAL [1]] Cem.	Date Aug	.7.1936	Mannar of injury	
19	UNDERTAKER	hn.C.Wol			24. Was disease or injury in any way related to occupation of decaasad?	
	(Address)	umberlar	nd. Md		If so, spacify	
20.	FILED ang 7.	1926 R	1. J. P. 7	Registrar.	(Signad) (Address) Species For For Form	M. D.

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BUREAU	-21		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	111
	1. PLACE OF DEATH		
	County allegany WITHIN CORPO	RATE LIMITS, Registration Dist. No.	
	Village or City Cultubelland (If	No. 438 Seymour St., 6- leath occurred in a hospital or institution give its NAME instead of street and num	Ward
		ds. How long in U.S. if of foreign birth?yrsmos	ds
	2. FULL NAME John Douglas	If U. S. Veteran, specify WAR	
	(a) Residence: No. 438 Seyman	St., 6-2 Ward.	
-	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH	te
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
-	OR DIVORCED (write the word)	Cheg 31	3. 6
5a	. Il married, widowad, or divorced	(Month) (Day)	(Year)
	HUSBANO OF (Or) WIFE OF MANAGE Manager American	22. HEREBY CERTIFY That I attanded dec	easad from
		aux 30/ 13/	, 19
_	AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 29 m,	gatu is sai
	53 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca	
_	1 8 Trade profession or particular		ate of onse
LION	SAWYER, BODKKEEPER, atc.	Ey philis	apr
JPA	Industry or business in which work was dona, as SILK MILL, Construction Work SAW MILL, BANK, etc		193
OCCUPA	The Date dacased last worked at 11. Total tima (years)		
٥	this occupation (month and 1936 spant in this 26 yr		
12	BIRTHPLACE (city or town) Wilty Hill:	Other Contributory Causes of Importance:	
	(Stata or country)		
HER	13. NAME James Longlas		
FATI	14. BIRTHPLACE (city or town)	Name of operation	7.
~	(State of country)	What tast confirmed diagnosis? Was there en euto	psy?
THE	15. MAIDEN NAME agues Valentine	23. If daath was due to external causes (VIOLENCE) fill in also the following:	10
MOT	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Whera dld injury occur?	_, 19
	74 O.D A	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17	(Addrass) 438 Separar St-Curley Teach	no	
18	B. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
_	Piace Fill Crest en Date Slight 2., 1936	Neture of injury	
15	9. UNDERTAKER acob Hafer.	24. Was disease or injury in any way related to occupation of deceased?	0
-	(Address) (when a made)	If so, specify A A A A A A A A A A A A A A A A A A A	1-1
20	0. FILED Left. 2. 196 J. Markle S. D. Registra.	(Signed) 3 Da Cure	M.
		TAUDIESSY C	-

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SEP 8 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

RGIN RESERVED FOR BINDING

UP	1. PLACE OF DEATH	(131)
OCCUP	County Allaganus	Registration Dist. No.
of	Village or City Like Me 1	No. St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
rSICIANS	7	osds. How long In U. S. if of foreign birth?yrsmosds.
tem	2. FULL NAME / Lancy (leanor h) och	alac If U. S. Veteran, specify WAR
sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowsell	21. DATE OF DEATH aug. 19 (1936) (Year)
X A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annual Journal Annual Journal	22. I HEREBY CERTIFY, That I attended deceased from any 13, 1936, to gray 19, 1936
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) Sept. 3 / 8 3 7. AGE Years Months Days If LESS then 1 day,hr	I THE FRINCIS AL CAOSE OF DEVILL AND LEIGHER CARSES OF IMPOSTANCE
be sta be pro of cert	8. Trade, profession, or particular kind of work done, as SPINNER, Jouse work SAWYER, BOOKKEEPER, etc.	Chrome Rephrites 1934
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Cholangitis with Januaries 8-13-36
G + G	this occupation (month and year) 21.36 spent in this 5 year) 22. BIRTHPLACE (city or town) Patterson's Creek	Other Contributory Causes of importance: 14 10 May 18-78
	(State or country) W. Va. 13. NAME William Lagrdon.	
sup in to See	14. BIRTHPLACE (city or town) atterstill creek (State or country) W. Va.	Name of operation
d be carefully DEATH in pla y important.	15. MAIDEN NAME (Lune heekliter) 16. BIRTHPLACE (city or town) (State or country) V. V. Q.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury
should be OF DEA's very imp	17. INFORMANT Suburl: Wagoner (Address) Suke mga	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E E	18. BURIAL, CREMATION, OR REMOVAL Place Gort ashby N. Va. Date aug. 211, 193	Manner of injury
CAUSI TION	19. UNDERTAKER David S. Boal (Address) Westernport, ma-	24. Was disease or Injury In any way related to occupation of deceased? Ro
3	20. FILEDang. 21, 19.3 ? affayenbake Rows	(Signed) Cauloung M. D. (Address) Piedmont W. V.

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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

X	item of infor- should state of OCCUPA-
•	NFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor- plied. AGE should be stated EXACTLY. PHYSICIANS should state rms, so that it may be properly classified. Exact statement of OCCUPA-
RGIN RESERVED FOR BINDING	EXACTLY classified.
FOR	IS A F stated properl
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7.	AG AG so th
RGII	VFAL plied.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE

1. PLACE O	F DEATH		Rig	
County	Allegam	WITHIN CORP	OBATE LIMITS Registration Dist. No.	4
Village or	City Lynn	Haland	No. Meleon me Atropatel St	4- Ward
Length of re-	idence in city or town where		Il death occurred in a propital or instrution, give is NAME instead of street and s	d number)
	0 6	The state of the s		musus.
2. FULL NA		amise alausu	St. Ward Start Ward St.	0.1
(a) Reside	ice. 140.	(Usual place of abode)	St., Ward. ************************************	nd State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hmsle	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	
6a. If married, wider HUSBAND of (or) WIFE of	wed, or divorced	Marina 1	22. HEREBY CERTIFY, That I attended	
	John Jo	Jussimm N-	July 1 ,19,36, to Cug	7 19 36
	(month, day, and year)	mg 10 1836	I lasksaw h. dr. alive on	(); death is said
7. AGE Ye	ars Months	Days If LESS than 1 day,hrs	to have occurred on the data stated above, at	
l o Years and	0 11	/3 ormin.	were as follows:	Date of onset
S. Trade, prove	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	Somembe	Bronello- menmona	weak
9. Industry or	business in which		Fractived fermine die to an excidental	
SAW MI	LL, BANK, etcsed last worked at	11. Total time (years)	- follo cavett.	
this occu	pation (month and	spent in this occupation		
12. BIRTHPLACE (c	ity or town) Thr	lodel Whia D.	Other Contributory Causes of Importance:	
(Stata or cou		IN.	Fractitet femels	Moul
13. NAME	Many &	nertal	N/V	
14. BIRTHPLAC	E (city or town)	h.	Name of operation Date of	
(State o	r country)	usming.	What test confirmed diagnosis? Hut 1 Was there a	autopsy?_//
15. MAIDEN NA	ME Fredelin	e raster	23. If death was due to external causes (VIOLENCE) fill in also the follow	ng:
16. BIRTHPLAC	E (city or town)		Accident, suicide, or homicide? Accidentes Date of injury	, 19
(Stata o	r country)	army.	Where did injury occur? (Specify city or town, county and S	tate)
17. INFORMANT	no clara	Caffrey	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC I	PLACE.
(Address) 18. BURIAL, CREMA	TION OR REMOVAL	affred XI	In her home - radice for when	
Place 15	MA P	10 Cotion 8/5 1036	Manner of injury Nature of injury	
10 HADEDTAVED	Gmist	1900	24. Was disease or injury in any way related to occupation of deceased?	No
19. UNDERTAKER(Address)	fn	man A	If so, specify	
20. FILED Que	5,1936. 8	r. J. P. Frank	(Signed) who down	
	7.0	Registrar.	(Address) when and	
	If mor	e viants are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 319 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
	النا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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OCCUPA.

should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN GORPORAT Registration Dist. No. County Willaam Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR (a) Residence, No. 44 Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of . 19...... to..... 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above at 7. AGE Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) D. Date deceased lest worked et this occupation (month and occupation year) Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation____ 14. BIRTHPLACE (city or town)_____ (State or country) What test confirmed diegnosis?.. ----- Was there en eutopsy?_____ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) #II In also the following: MOTH Accident, suicide, or homicide? Just CL Cla Date of Injury 19 16. BIRTHPLACE (city or town)_____ (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Un bete Uma 10 1936 Neture of injury. 24. Was disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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MUNEAU V.	2. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(b) WIE 01	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7915
County Village or City Unon a longitude of the country of the work where death occurred to a horizontal of horizone, of an NAME longist of sector and number? It Us. Svetans, specify WAR (a) Residence: No. 4 1 9 Country of the longist of the l		PROPATE LIMITS 186-0
Length of residence in city of town where death occurred in a boreital of specific particulars of the country o	County allegany WITHIN	
Length of revidence in city or town where death occurred. G. yrs		TIOU
(a) Residence: No. 4 19 (Usus Jace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BYORED (wish by word) 5. If married, wildowed, or divorced (ro) wife of (
(a) Residence: No. 4 19 (Usus Jace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BYORED (wish by word) 5. If married, wildowed, or divorced (ro) wife of (2. FULL NAME Francis Emily	If II. S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORCED ("errischie word) S. II married, wildowed, or divorced HUSRAND J. AGE Personal And State Particular S. II here By CERTIFY That I attended decessed from the safe stated above, as more registration or maintain the pays of this secure of the date stated above, as more registration or maintain this safe to have occurred on the date stated above, as more registration or maintain the pays occupation of the safe stated above, as more registration. SAW MILL, BAKK, etc. J. Date OF DEATH J. HER EBY CERTIFY That I attended decessed from the varied stated above, as more registration. J. J. J. deeth is safe to have come as SPINER, SAWTER, BOOKKEFER, etc. J. Industry or business in which it is a soft to have occurred on the date stated above, as more registration. J. J	IND DEF	
3. SEX 4. COLOR OR RACE OR DITORED Comische word) 5. If married, widowed, or divorced ell school of cory wife of cory wi		
So. If married, widowed, or divorced (Nonth) (Day) 193 193 22. I HERESY CERTIFY, That I attended deceased from the Service of Corp. Wife of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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## SAW PER SAW OF BIRTH (month, day, and year) 7. AGE Years Months 14	male while Single	
6. DATE OF BIRTH (month, day, end yeer) 7. AGE 8. Trade, profession, or particular kind of work done as SPINKER. 8. Indeeth of the case SPINKER. 9. Indeeth of the case SPINKER. 9. Indeeth of the case SPINKER. 9. Indeeth of the case of the	HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
7. AGE Years Months Pays ITLESS than I day. ITLES than I day. I day. I	(ii) WILL OI	Ching 22, 1934, to Ceny 23, 10%
1 dey, hrs or min. 8. Trade, profession, or particular kind of work dome, es SPINNER, SAWYER, BUNKEREPR, etc. 10. Industry or business in which was deed as specified to the securation of the security of the securation of the security of the securation of the security of the	6. DATE OF BIRTH (month, day, end yeer) aug 17, 1914	I last saw h full alive on
8. Trade, profession, or particular kind of work done, as SPINNER, and a work done, as SPINNER, and a work done, as SPINNER, and a work was done, as SILK MILL, and a work was done as SILK MIL		
8. Trade, profession, or particular stands of the stands o	49 - 7	ware on follows:
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	20. FILED Dung 24, 1936 Dung. P. Franklin.	- 6

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Year) Date of onset ----- Was there en autodey? (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITO
County allegary . WITH	Registration Dist. No.
Village or City to make the work	No. 2 / Callerson and Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
2. FULL NAME Ethel & Fishe	0
(a) Residence: No. (5.2.7 Patterson)	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word)	21. DATE OF DEATH
end While brassed	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attanded deceased from
Trank tishel	Levely 15 , 1436, 16 et 3 7 , 193
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
25 ndy. 403 (1) 25 ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	On a Stewartogs.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation works and	The Control of the Co
SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and year) spent in this occupation occupation	
26	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	To figure and in
13. NAME forest Carpenter	
14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trank trakel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dreinsfrong / Mas ang 9, 1936	Nature of injury
10 HADEDTAVED donis Itis 9	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Almo Sullin Inc. (Address)	If so, specify
20, FILEDAMS. 8 1936. D. D. P. Franklin	(Signed) M. D
Registrar.	(Address) Chamber Ball.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

CERTIFICATE OF DEATH

V. S. No. 1

PLACE OF DEATH

County alleganing

	ull NAME mo	nd (No	~~ <u> </u>	Grahom	St:W	a hospitai	occurred in or institu its NAME in street and
PERSO	DNAL AND STATIST	CAL PARTICUL	_ARS	MEDICAL	CERTIFICAT	TE OF DEATH	
3 SEX	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	named	16 DATE OF DEATH	any	20 (Day)	, 193 6
6 DATE OF B	IRTH Jane	30 (Day)	, 1889 (Year)		ERTIFY, That I	attended the d	eceased from
7 AGE	47 yrs. 1		If LESS than	and that death occurred The CAUSE OF DEATH			1 P. m
particular k (b) General husiness, or which emple	profession or ind of work nature of industry establishment in oyed or (employer)	Housew	, k	2. Cardise 1 3. Chronic 4. 7 emmal		the framous	
9 BIRTHPLAC (State or o	of Maryla	nd Cle		(Signed) Alp	ed VA	nothing	M. D.
OF FAT (State	or country) Mas	yland		*State the Diseas Violent Causes, state Accidental, Suicidal or I	Address)		
OF MO	THER Son's	t know.		is LENGTH OF RESID ients or Recent Reside At place of deathyrsmos. Where was disease contracts	ents) In ds.	the	
(Informati	e is true to the Best nt) Rev. Thomas	W. Grahas	DGE	Former or usual residence			***************************************
(Ad	dress) Oak St.	Brothing	md.	Martinsburg 20 UNDERTAKER	, md.		BURIAL 3, 19.3.6.
Filed D	-20 192 36 U		Registrar	Jacob Hafer.		Prostbu	og md

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, laborer, Physician, Compositor, Architect, borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTANSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway trainparbelic acid—probably suicide. The nature of the injury, telanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus, "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) approved by Recommendations on statement of cause of death and qualify as accidental, suicidal, or homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underatic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease chopncumonia (secondary), " "Coma," "Convulsions, etc. valvular heart disease; Nomenclature Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data-is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7919
1. PLACE OF DEATH	(23) Q
County allesary	Registration Dist. No.
21 St.	01-1-1-1-1
Village or City fysical VIII (If	No. St., Ward death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death accurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME michael Grund	If U. S. Veteran, specify WAR
(a) Residence: No. 91 Wright	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH QUAL 21th
mill white sugle	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I attended degreesed from
(or) WIFE of	7 1.1- 1934, 10 aug. 2 2 mg 1936
6. DATE OF BIRTH (month, day, end yeer) July 21913	I last sew ham alive on any 2/50 , 19 36; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3.45A.m.
23 D V 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Special Value (1) when	Pulmmay Tubriculous 2/1/24
SAWYER, BOOKKEEPER, etc.	Ţ
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1934 spent in this 4 year)	
Patraille Pa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) U MINITED (State or country)	
13. NAME Vai Chall Yange	
13. NAME MICHAEL GITY OF TOWN). OCCUR.	Name of operation Date of
L (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Glinabeth Coulen	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Glingbeth Couleur 16. BIRTHPLACE (city or town) Pottaville Pa	Accident, sulcide, or homicide? Date of injury, 19
(State or county)	Where did injury occur?
17 INFORMANT DOOD M. Grunes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 91 Wright & Trestylet	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place T. Mullium Cu Date 22, 1936	Neture of injury
19. UNDERTAKER m. g. Hafer	24. Wes dicease or injury in any wey related to occupation of deceased?
(Address) Thathy - mg	If so, specify
20. FILED 8-22 1936 and Walker 1/2 10.	(Signed) M. An Courage J. M. D.
Registrar.	(Address) Madellina ni

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II			
The principal cause of of importance were as	f death and related causes follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	SEP 1 1936	July 5, 1927	Peritonitis	3 days ago		
	BUCEAU V. S.					
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 8 TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEA	TH
OF DEATH						_	^	10-	

7	9	2	()

1. PLACE	OF DEATH			Ch moles
County	ALLEGANY	WITHIN	CORPORA	TE LIMITS: Registration Dist. No. 4
	r City CUMBER			No. MEMORIAL HOSPITAL St., 6-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	IAME HARLEY			
	D03/31		VIRGINI	If U. S. Veteran, specify WAR.
(a) Resid	dence: No. ROWN	(Usual place of		A St., Ward. If nonresident give city or town and State
PERSO	ONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARK OR DIVORCED MAR	RIED, WIDOWED, (write the word) RIED	21. DATE OF DEATH AUGUST 28 , 193 6 (Month) (Dev) (Year)
5a. If merried, win HUSBAND of (or) WIFE of		R		22. I HEREBY CERTIFY, That I attended deceased from
	TH (month, day, end year) Years Months	FEB. 26	1898	1 last saw because on the date stated above, at \$10 Pm.
48	6	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estollows:
SAWY 9. Industry work SAW 10. Date dec	ofession, or particular of work done, es SPINNER, FER, BOOKKEPER, etc	11. Totel tir	OAI	J. Colling Stall
12. BIRTHPLACE (Stete or o	(4.4) 4. 44.111/1-1-1-1-1-1	VA.		Other Contributory Causes of importance:
I3. NAME	THOMAS GUI	ICK		
4.	ACE (city or town)e or country)	W. VA.		Name of operation Dete of Was there an autopsy?
15. MAIDEN	NAME ELMIRA	HAINES		23. If death wes due to externel causes (VIOLENCE) fill in also the following:
∑ (State	ACE (city or town)		40	Accident, suicide, or homicide Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT _ (Address)		, HOSPITA	<u>.l.</u>	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	NATION, OR REMOVAL	moate any	931,36	Manner of injury Autorus tarte tollesee
19. UNDERTAKER (Address)		Julter	md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Bu	329,1936 \$	2.9 8.7.	Registrar.	(Signed) M. (Address) M.

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Ex	ample I		Example II			
The principal cause of deat of importance were as follow	th and related causes ws:	Date of oaset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	SEP 8 19	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUARAU V	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:	1		
Gallstones		May 1,1923	Gastroenteritis	1 year		

item of infor-

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every he properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08716
1. PLACE OF DEATH	(A)
County ALLEGANY	CORPORATE LIMITREgistration Dist. No.
Village or CityCUMBERLAND, MD. WITH!	NO. MEMORIAL HOSPITAL St., 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Stillborn Kendersh	of It U. S. Veteran, specify WAR
(a) Residence: No. AMARANTH, PA. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write line word)	21. DATE OF DEATH
FEMALE WHITE SINGLE	AUC 8, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY. That I attended deceased from
(OF) WIFE OF	lug 8 1936 19 lug 8 1936
6. DATE OF BIRTH (month, day, and year) May 8 36	I lest saw h. E. T. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Q-A-A-A-A-A-A-A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Prolapsed Unbilical Cord 8-8-36
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked al this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or lown) MARYLAND (State or country)	Construction of the policy of
13. NAME MELVIN L. HENDERSHOT	
13. NAME MELVIN L. HENDERSHOT 14. BIRTHPLACE (city or town) PENNA. (State or country)	Neme of operation Date of Date of What test confirmed diagnosis? Line Cal Was there an eutopsy?
15. MAIDEN NAME ADA MCCUSKER	What test confirmed diagnosis?
15. MAIDEN NAME ADA MCCUSKER 16. BIRTHPLACE (city or town) MARYLAND	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MD.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMITION, OR PEMOYAK	Manner of Injury
Place Malby a Date 0 / 0 ,19 36	Nature of injury
19. UNDERTAKENT THE THE METALLIANS (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDING 10, 19 3 6 DN. J. P. Frankling	(Signed) (12 thus 7) greps M.D. (Address) 40 2 2 2 2 2 2 2 4 2 2 2 4 2 2 2 4 2
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage 1 SEP 8 1938	July 5, 1927	Peritonitis	3 days ago		
5					
Other contributory causes of importance:	+3	Other contributory causes of importance:	The second		
Gallstones	May 1,1923	Gastroenteritis	1 year		
			THE THE		

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X	1	Jo 1	plne	220	
(7)	1	item	sho	Jo.	
		Every	CIANS	Exact statement of OCCUPA	
		50.	YSI	stat	
		RECO	. PH	Exact	
	R BINDING	A PERMANENT RECORD. Every item of info	ed EXACTLY. PHYSICIANS should star	perly classified.	
	BI	PE	図	·ly	firsto
	K	4	ed	pel	6

			F MARYI	AND	CERTU	FICATE	OF DE	ATH	792
1. PL/	CE OF DEAT	H	/ -		111	mitc. 199			1.1
Coi	inty	apl	egany		Ity LI	Hites	Registrati	on Dist. No.	4
Vill	age or City Ch	mbols	and!	(If	No	in a hospital or inst	itution, give its NA	AME instead of stree	
	gth of residence In city	or town where de	ath occupred	yrsmos	ds.	How long in U.S. i	f of foreign birth?	угз	mos
	L NAME	0/1	gues -	jugn	us/				
(a)	Residence: No	86-10	(Usual place of a	bode)	St.,	Ward.	If nonresid	lent give city or tow	n and State
PE	RSONAL AND	STATISTIC	CAL PARTICU	LARS		MEDICAL	CERTIFICA	TE OF DEAT	гн
3. SEX	4. COLOR	OR RACE	5. SINGLE, MARRIED OR DIVORCED (2	price the word)	21. DATE	OF DEATH	lung	12.	, 193 6
5a. If marr	ed, widowed, or divorce	ed	1				(Month)	(Day)	(Year)
	ANO of IFE of	ann	Keese		22.	IHEREB	YCERTI	FY, That I atte	ended deceased f
6. DATE O	F BIRTH (month, day,	1	LX 29	-1871	I last saw to	in house	capit	12. J., 19	36; death Is
7. AGE	Years	Months	Days	If LESS than	to heve occur	rred on the date st	ated aboye, at	12 P. m.1	
	64	10	141	day,hrs.	The PRINCIP	PAL CAUSE OF DE	ATH and related of	causes of importance	Oate of o
Z 8. Tr	ide, profession, or par kind of work done, a SAWYER, BOOKKEEP	ticular s SPINNER.	2.1		/	Sudde	in Cal	lapse	8.12
NOITY	SAWYER, BOOKKEEP lustry or business in	11	Tanilo-		- gray	rom. Kee	Xun	n Court	<i></i>
UP	work was done, as SI SAW MILL, BANK, et	LK MILL,	Celane	se.	2 10	4- 4		111 000	* 7
0 10 Da	te deceased last work this occupation (mont		11. Total time spant in	(years)	unable	, 1	· AT	leathe Thya	LCLOO LO
10	year)		occupati	on	Other Centri	ibutory Causes of in		entile of to	2. Sentin.
12. BIRTH	PLACE (city or town)_		, 0		Other County	national Causes (1 1)	iportance,		W 9741,
-	ate or country)		wale	2/	-				
13. NA	ME /	Jorgan	- Hu	these					
	RTHPLACE (city or tow	vn)		2	Neme of ope	retion	Mane	Dat	e of
1	(Stete or country)		Mar	n.	Whet test co	nfirmed diagnosis?.		Wes the	re an autopsy?
当 15. M/	IOEN NAME	Mary	Look	lower	23. If death w	as due to external	causes (VIOL ENC	E) fill in also the fol	llowing:
pers	RTHPLACE (city or tow	/n)/	ant f		Accident, sui	icide, or homicide?.		Date of Injury	, 19
Σ	(State or country)	-CA	Typica	7	Where did in	jury occur?	(Specify cit	y or town, county as	nd State)
17. INFORM	IANT Miss Idress)	& legal	lung to	They	Specify whet	ther injury occurred	I In INOUSTRY, ir	HOME, or In PUBL	IC PLACE.
18. BURIA	GREMATION OR RE	MOVAL	1		Manner of In	njury			
front	equilega	not exous	Date Mug	15,1936	Nature of Inj	jury			
19. UNDER	TAKER	Las	not		24. Was disea	se or Injury In eny	wey related to oc	cupetion of decease	d? MO
(A	Idress)	7 ros	Murg	md.	If so, specify	y	A-10)- X)	
20, FILED.	ang 13	36 8	- 2 B/ Du	anhli.	(Signed)	1	2 (1)	mya	0 11/11
	0		,	Registrar.	((Address)(Hereby	Wacce	E-VHAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	,
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	IN	RGIN	RES	ERVE	Q.	FOR	N RGIN RESERVED FOR BINDING	
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR.	TH U	NFADIN	NG IN	IK-T]	HIS	IS A	PERMANENT	RECOR
mation should be carefully supplied. AGE should be stated EXACTLY. PHY	lly sup	plied.	AGE s	plnous	pe	stated	EXACTLY	Y. PHY
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	olain te	erms, so	that i	t may	pe	proper	ly classified.	Exact s
(TION is very important. See instructions on back of certificate.	See	instructi	ons or	1 back	of c	ertifica	ate.	

DR.

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	14
1. PLACE OF I			ORPORATE	Dr Koon	
County AL				Registration Dist. No. 4	
Village or City_	CUMBERLAI	ND, MARY		ND. MEMORIAL HOSPITAL St., 6-1 If death occurred in a hospital or institution, sive its NAME instead of street and number)	Ward
Length of residence	e in city or town where d	death occurred	yrs,mos	s3_ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	ISNER, B	ABY GIR	L		
	No. WILLIAMS	S ROAD.	CITY	St., Ward.	
		(Usual place	of abode)	If nonresident give city or town and State	
	AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
All Trees.	WHITE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH AUGUST 14, 193 (Month) (Day) (Yes	6
5a. If married, widowed, of HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY, That I attended deceased	from
c Dier of singli (ΔΤ	JGUST 1	1. 1936	I last saw here alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	in sold
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a 3:15 Am. M.	s said
		3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Spend (78 (15 3.	Day
kind of work SAWYER, BO 9. Industry or busi work was dor SAW MILL, B 10. Date deceased is	ness in which ne, as SILK MILL, ANK, etc				
10. Date deceased la this occupation year)	est worked at on (month and	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or	town)			Other Contributory Causes of importance:	
(State or country)		ND		Yours on head ding -	
13. NAME I	EO ISNER			deliny "	
13. NAME I 14. BIRTHPLACE (cit (State or cou		AND		Name of operation Ratural Reliancy Date of	
15. MAIDEN NAME	MARGARE'	יקקים מיים) RD	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou	y or town) MARYL			Accident, suicide, or homicide?	
17. INFORMANT ME		SPITAL	ND	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION				Manner of injury	
Place Mt	Herman	Date15	· Augul 93	Nature of injury	
19. UNDERTAKER (Address)	John.C.W			24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Cange 14				(Signed) / Kap. W (Address) Casastas Fuel Vices	_M. D.
KOON	If more	blanks are needed,		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

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BURLENO V. S.			
Other contributory causes of importance:	A =	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATH
JIAILUI	IVIAINIL	AIIU.		J/ \ \ L		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7923
1. PLACE OF DEATH	107.0
County allegany	PRPORATE LIMITS Registration Dist. No. 4
Village or City Euleberland	No. Collegacy Joseph St., 4 Ward death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in J. S. if of foodign birth? yrsmosds.
(a) Residence: No. T. J. Fluidsee (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Cavrice the word) Sewale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Cavrice the word)	21. DATE OF DEATH & 29 , 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qua 10. 1930	I last saw her alive on Augu 28 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at £2====m.
6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Primary/ cause of the septicemia : Unknown.
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Eugg.
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washington (State or country)	Other Contributory Causes of importance:
Wash.	Broncho - Mellmosia. Diviation:
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy2222
15. MAIDEN NAME Helen Hartmann 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marshall Jenburg. (Address) 9. 5. A. #2 Fluid lang rud.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place dose Hell Camalery Date Cept 1 1936	Manner of injury
19. UNDERTAKER John Stafer (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED aug 31, 19 x Dr. J. P. Frankler. Registrar.	(Signed) A. T. Lwigg M. D. (Address) Felintstone and

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP S 1988	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	infor-	state	UPA.
-	jo	pIn	CCC
F	tem	sho	of (
	D. Every	SICIANS	statement
	RECOR	Y. PHY	Exact s
PATTA PEDERATED FOR DIVING	ERMANENT	SXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
1 1003	IS A PI	stated 1	properly
1	HIS	pe	pe
127	K—T	pluod	t may
DED.	G IN	GE s	that i
3	DIN	Ψ.	SO
5	UNFA	upplied	terms,
17	'ITH	ully s	plain
	7, 11	aref	H in
	INE	be ca	EATI
	PLA	pluo	F D
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE
	Z.		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS. Registration Dist. No. 4
County Allegany MITHIN C	Registration Dist. No.
Village or City Cultriland	No. 30 3 De Catur St, St, H Walf death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. 30 2 Ccather of Change of shode)	St., H Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1936
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from 1936, to 1935
6. DATE OF BIRTH (month, day, and year) (due 9 9 1936	I last saw h. e. Y. alive on; death is sa
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated abova, at
Hellbarn 1 day,hrs.	The FAIRCHAL CAUSE OF DEATH and failed causes of importance
8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date dacased last worked at this exercising month and the second in this exercise.	Date of onse
9. Industry or business in which	(Tesno stan)
work was done, es SILK MILL, SAW MILL, BANK, atc	Prematical (5 hrs)
O 10. Date dacaased last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) curbandard (State or country)	Other Contributory Causes of importanca:
13. NAME Harry Calvin Johnson	
E // /// //	War of water Danal
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis Was there an autopsylve
15. MAIDEN NAME Suth Spendage to	
E CONTRACTOR OF THE PROPERTY O	23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Culture and (State or country)	Where did injury occur?
A la Porta	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT / Many: (Address)	Specify whether injury occurred in INDUSTRI, in NOME, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place remulin / Date 5/10 1936	
19. UNDERTAKER Amis Stern Ine	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Aug. 10,1936. Dr. J. P. Franklin	(Signed) Kathur thypes M.
Registrar.	(Address) 40 M. All My av
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

RGIN

If nonresident give city or town and State (Day) (Year) ERTIFY. That I attended deceased from Date of onset ... Was there an autopsy?... (Specify city or town, county and State)

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

7925

1. PLACE OF DEATH			Dr.A.F.Jo	nes
County Allega	ny		Registration Dist. No	0
Village or City Cresa	ptown. M	d (ii	No. Meddow Drive St., if death occurred in a hospital or institution, give its NAME instead of street as s	Ward
	e. Knier	1 om	If U. S. Veteran, specify WAR	
(a) Residence: No. Cresap	town . Md (Usual place		St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
Female 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI Mari	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Aug 25.1936 (Month) (Day)	, 193 (Year)
5a. If married, wildowed, or divorced HUSBAND ol Henry Kn			22. I HEREBY CERTIFY That I ottend	led deceased from
6. DATE OF BIRTH (month, day, and year)	Aug. 14.	1855		5; death is sale
7. AGE Yeers Months	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House w	ífe	athritis Deformans	1933
10. Date deceased last worked at this occupation (month and year)		me (years) nt in this pation		
12. BIRTHPLACE (city or town)	ermany		Other Coutributory Causes of importance:	
13. NAME Addam . Sip	le			
14. BIRTHPLACE (city or town)(Stete or country)	German	У	Name of operation Date of What test confirmed diagnosis? Love Cal Was there	an autopsy? Zee
置 15. MAIDEN NAME Marie.	Zick	100	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Marie. 16. BIRTHPLACE (city or town)	Germany.		Accident, suicide, or homicide?	
17. INFORMANT Henry . Knieriem . (Address) Crigiptown . Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Hillerist	Date Aug	.28.1936	Manner of injury	
13. UNDERTAKEN	C.Wolford	d	24. Was disease or injury in any way related to occupation of decoased? If so, specify	
20. FILED 9/26, 19.26	Mylla	Registrar.	(Signed) Mether 1 Joyles 1	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Chronic interstitial nephritis SFP 1 1936	1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
BUREAU V. S.	4 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

e				
		D		

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

(Year)

Date of onset

(Day)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 2 1936			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH UUISIUE UI	940
County Allegary City Limits	Registration Dist., No. 4
Village of City, Dumbiliand (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurradyrsmos.	
2. FULL NAME SLOPER Amonsh Kons	If U. S. Veteran, specify WAR
	0 1 1 1
(a) Residence: No. (Usual place of abode)	St., Ward. Diving Steen State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 12
5a If married widowed or divorced	(Monty) (Oay) (Yaar)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Mary E. Frederick)	22. I HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) man 90 1872	Hast saw h Are aliva on any 17 / 1976 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above et 9 00 m
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wara as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ally ling Jewins any
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last workad at this occupation (month and	1936
SAW MILL, BANK, etc	
10. Date daceasad last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Elmhush D	Other Contributory Causes of Importance:
(State or country)	Cononer Ochier 10
13. NAME DETTAL A Krammel	7
13. NAME DEORGE & Kumml 14. BIRTHPLACE (city b town)	D
4 14. BIRTHPLACE (city of town) Survivance (State or country)	Name of operation Data of
15. MAIOEN NAME Harrish Itahal	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State of Country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary C. Muning (Address) Bowling Green &	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Helerish an offe day 15, 19 36	Nature of injury
19. UNDERTAKER Louis Stein Ina	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Address) combined	If so, specify
20, FILED aug 14 19 36 Ruf. P. Frankle	(Signed) M. D.
Registrat.	(Address) (Result by y asset pool

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	and an
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 8 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			y your

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEATH	(53-D)	
	County Milegary : WITHIN CORP	ORATE LIMITS Registration Dist. No.	
	Village or City lassonhestand (III	No. 116 Dama A Cst, death occurred in a hospital or institution, give its NAME instead of street and	Ward
3	Length of residence in city or town whate death occurredmos	/	osds.
2.	FULL NAME John 1.	Largent	
	(a) Residence: No. (1/6 Sand (Usual place of abode)	Ward. If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SE	4. COLOR OR RACE OR-DIVORCED (Abrite the word)	21. DATE OF DEATH (Month) (Oey)	, 193
5a, 11	merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended	(Yeer)
6. DA	TE OF BIRTH (month, day, end yeer) July 24 1854	I last saw here elive on and 30 1936	, 19 3 6.
7. AG	O. T. C.	to have occurred on the dete steted above, et 3:560 m.	
	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Oate of onset
TION	kind of work done, as SPINNER, FASTILE .	Discool	1930
CUPA	9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc	Chronic myoc andito	1930
000	Dete deceased last worked at this occupation (month end spent in this year)	Dareona boff Zygoma	3/15/3
12. B	IRTHPLACE (city or town) 4 1/2) (State or country)	Other Contributory Causes of importance:	7/15/30
HER	3. NAME Thomas a Largery		
FAT	4. BIRTHPLACE (city or town)	Name of operation	whanes Zeo
T	5. MAIOEN NAME martha anderson.	23. if death wes due to externel ceuses (VIOL ENCE) fill in also the following	
-	6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
17. IN	FORMANT Calrin H Larguet.	Where did injury occur?	CE.
18. B	JRIAL, CREMATION, OR REMOVAL	Menner of injury	
	Plece law law It labate hour 8 , 1936	Nature of injury	
19. UI	NDERTAKER dring Stern Ine	24. Wes diseese or injury in any way related to occupation of deceesed?	200
20, FI	(Address) ambaland.	If so, specify (Signed)	rez
0	Registrar.	(Address) Cumberland	ned

7. S. No. 1

-WRITE

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PHYSICIANS should state

item of infor-

IS A PERMANENT RECORD.

RGIN RESERVED
NFADING INK—THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

FOR BINDING

stated EXACTLY.

of OCCUPA-

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . 050 8 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage: RURPAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory covers of investment	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be WITH N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	202 m
County allegains	ORPORATE LIMITS. Registration Dist. No. 4
Village or City Carlo Lo Co	No B& B Standa St 6-2-Word
	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NATRALLA & Larger	If U. S. Veteran, specify WAR
(a) Residence: No. 117 Lating Quel	94-6-2 Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (we fee the word)	21. DATE OF DEATH
H. Widowed	(Month) (Dey) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Late Les	22. HEREBY CERMFY, That I attended deceased from
11 -10/5	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at the m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
6 8 ormin.	were as follows:
8. Trade, protession, or particular kind of work done, es SPINNER,	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end	Jacruck by 16.8
work was done, es SILK MILL, SAW MILL, BANK, etc.	train.
0 10. Date decessed last worked at 11, Total time (years)	Compound fracture
this occupation (month end spent in this occupation occupation	2 Stall & legs
The Statistical State of the St	her Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TIS THE BALLES	
E	No. of the state o
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed place the second was there an autopsy?
H Carried Tollars	23. If death was due to extern causes (VIOLENCE) fill in also the following:
State or country)	Accident, sulcide, or homicide Date of injury Offer, 1936. Where did injury occur?
of chart	(Specify city or to b, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury Atruck by
Place Hillerest leng Date Lug 201931	7 - 000 00
Yania 01-11 2	Neture of Injury Fore classe of Strull
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Addesten berland And.	If so, specify
20. FILED aug 20, 19 % Str. J. F. Trenklin	(Signed) I audustan Colors Hot
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 8 1.06	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUALAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			e. 4
			- 19-

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage * FAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

RGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE C	F DEATH			(3)	
	County	Ullegany	WITH	IN CORPOR	RATE LIMITS. Registration Dist. No.	4
	Village or	City Camber sidence in city or town where	land.	marylas	NO. St. death occurred in a hospital or institution, give its NAME instead of street	
		•	+ +141	Mar.	ds. How long In U.S. if of foreign birth?yrs	mosds.
2.	FULL NA	ME	ere mess	OFA TIE	If U. S. Veteran, specify WAR	
	(a) Reside	nce: No. 10 -	Sund	> / Y .	St., 6-6 Ward.	
Differences:	PERSO	NAL AND STATIST	(Usuai place		If nonresident give city or town	
3. SI		1	1		MEDICAL CERTIFICATE OF DEAT	Н
2	nale	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 29 (Month) (Day)	, 193 6 (Year)
5a. I	f married, wido HUSBAND of	wed, or divorced				
	(or) WIFE of		F. 10 1 - F		22. I HEREBY CERTIFY, That I atter	
			7	- 26 16-1	, 19, to	
		(month, dey, and year)	1	29.1936	I last saw h alive on, 19_	; death is seld
7. A	GE TE	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
				ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Date of onset
Z	kind of	ession, or particular work done, as SPINNER,			(
E	SAWYE	R, BOOKKEEPER, etc				aug
OCCUPATION	9. Industry of	business in which as done, as SIEK MILL, ILL, BANK, etc			stell form 3 12 wor	129
8	10. Date decee	sed lest worked at	11. Total	time (years)		+62
0	this occ year) _	upation (month and	Sp6	ent In this upation		1,136
		Sa	00	0	Other Contributary Causes of importance:	1
12. I	(State or con		werra	nd		
2	(LO SMI	Lana		mother and fall	
	13. NAME	John 119	ngus		I www hora	
FATH		E (city or town) Try	Almar	\mathcal{J}	Name of operation Date	of
	(State o	or country) (Jehns	na		What test confirmed diagnosis? Was there	an autopsy?
12	15. MAIDEN N	AME Ethel	Thoey.		23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
OTHER	16. BIRTHPLAC	E (city or town) Elk	Land	en	Accident, suicide, or homicide? Date of injury	
Σ	(State o	or country) w. do	U		Where did injury occur?	
17. 1	NFORMANT	Mulher			(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18. E	Place Place	TION, OR REMOVAL	Date	30,19 2	Manner of Injury	
19. U	INDERTAKER _ (Address)	Buried ly	pure	b	24. Was disease or injury in any way related to occupation of deceased	?
20. F	ILED JAC	t 2, 19 36 S	4. J. P.	Frankle.	(Signed) P went	luel M.D.

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Arteriosclerosis FECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritts	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 8 1936	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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Example L	7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1006	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Landa de Caración				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	. Every item of infor-	ICIANS should state	tement of OCCUPA-	
•	T RECORD	Y. PHYS	Exact sta	
SINDING	ERMANEN	EXACTL	classified.	ė.
FOR I	IS A P	stated	properly	certificat
M'RGIN RESERVED FOR BINDING	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	10N is very important. See instructions on back of certificate.
)	WRITE PLA	ation should	AUSE OF DI	ION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7933
1. PLACE OF DEATH AND WITHIN COR	PARTE DALLE (987)
County Ellegan	Registration Dist. No. 4
	" 1111 Only
Village or City. Carrie Libertage (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME archibard M-	Locy If U. S. Veteran, specify WAR
(a) Residence: No. 114 Rock	St. 2 Ward.
(d) Residence, No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH 2 21
OR DIVORCEO (write the word)	(Month) (Oay) (Year)
5a. If married, widowed or divorced	(lear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
1862	aug 1, 1936, 10 aug 25, 1936
6. DATE OF BIRTH (month, day, and year) Not become	I last saw h , 1926; death is said
7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Walrio - Cleroze 1930
9. Industry or business in which work was done, as SILK MILL,	An Al
10. Date deceased last worked at 11. Total time (years)	Myscantilia Ohn 1930
this occupation (month and 3 2 spent in this occupation coupetion	
Occupation	Other Cantributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME COOK 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMATION Julia M- Cay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Catheles land mid.	
18. BURIAL CHEMATION, OR REMOVAL	Manner of injury
Plat limbling Made Luga 1, 19-36	Nature of injury
19. UNDERTAKER Occion Stein Sec	24. Was disease or injury in any way related to occupation of deceased?
(Appress and on the land on the	If so, specify
0 -> . 8 0 0 5 10.	(Signed) Miller M. Orrand M. O.
20. FILEOUS 19. 19. 19. The Registrar.	(Address) Collecterland ma

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	14 4 4000	Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County allegany WITHIN COP	RPORATE LIMITS Registration Dist. No. 4
Village or City Camberland.	No. allegany Horfatel St., 4 Ward
Length of residence in city on town where death occurred 2.5_yrsm	(If death occurred in a hospital or institution, give its MAME instead of street and number) osds. How long In U.S. of foreign birth?yrsmosds
2. FULL NAME Race & Suits	If U. S. Veteran, specify WAR.
(a) Residence: No. 50 5 Decal of	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Handle What Married	21. DATE OF DEATH (Mg/h) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Inch 29 1881	lest sawher alive on and 15 19 36 death is sah
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 40 m.
35 - 16 l 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. / Amsunife	P P
9. Industry or business in which	Carama Mallan programs
work was done, as SILK MILL, SAW MILL, BANK, etc	14-3
O 1D. Date deceased last worked et 11. Total time (yeers) spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mr Sharing	Auran Sevan
(Stete or country) Let 13. NAME mohael Dackel	· Ustario sturita
	Name of a smaller
(State or country)	Neme of operation Dete of What test confirmed diagnosis? Westhere an autopsy?
15. MAIDEN NAME Mary Stend	23, If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT I danton mily (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Trust Ville Cens Oate Cang 18, 193.	Manner of Injury
19. UNOERTAKER dans Stern the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Long 18., 1936 Dr. J. P. Mankley. Registrar.	(Signed) / hot the form M. (Address) Successive forms, years
-	27, 2411 N. Charles Street, Baltimore, Requesing U. S. No. 1.

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Example I	-11	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	HE H	
Gallstones	May 1,1923	Gastroenteritis	1 year	
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•	MANENT RECORD. Every item of infor-	lassified. Exact statement of OCCUPA-
ADING	ACTLY	ıssified.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH CORPORATE County 1 Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city of fown where death occurred How long in U.S. If of foreign birth? _____yrs. ____mos. If U. S. Veteran, specify WAR_ (a) Residence: No. _ \ If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from HEREBY (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months I day, ...-hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... IO. Date deceased last worked et II. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19. 16. BIRTHPLACE (city or town) (State or Tountry) Where did injury occur? __. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMAPION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILEO. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
ERVELORED DE LE DESCRIPTION DE LA COMPANSION DEL COMPANSION DE LA COMPANSION DE LA COMPANSION DE LA COMPANSI				

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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7936

County ALLEGANY	WITHE		Registration Dist. No. 4
Village or CityCUMBERLA	ND, MD.		LIMITS St., 6-/ Ward death Occurred In a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME DEMARIS (a) Residence: No. BEDFO	MILLER RD (Usual place		If U. S. Veteran, specify WAR
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE WHITE		RRIED, WIDOWED,	21. DATE OF DEATH AUGUST 3T 1936 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22 I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	AUGUST :	II.I876	I last say alive on Our 30 1984; death is said
7. AGE Yaars Months	Oays 20	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above at6.2.25 m A . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: If no pera the latest causes of importance of the latest causes of the latest causes of importance of the latest causes of importance of the latest causes of the la
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	spe occ	NORK time (years) int in this upation	Repart Spinson
13. NAME DANTEL MILLE 14. BIRTHPLACE (city or town) PEN (State or country)			Name of operation.
(State of country)	TIM DOOD!		Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country) MEMORIAL HO	ET BOORI NA. SPITAL	2	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place & LAGGERAL	Pa Date and	31,1936	Manner of injury
19. UNOERTAKER Annis Si (Address) Com	terila &	ne Jud	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO aug 21, 1926 D	a.g. P. 7.	Registrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

TION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritist PAU V. 3.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year

V. S. No. 1

OCCUPATION

19. UNDERTAKER

(Address)

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7937
1. PLACE OF DEATH	22.70
· County allegany	Registration Dist. No.
Village Dr City Ballidan und	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22-yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Jellan Belle My	Llen. If U. S. Veteran, specify WAR
(a) Residence: No. Bellman Too	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Miller.	22. I HEREBY CERTIFY. That I attended deceased from 21, 1936, to curg 21, 1936.
6. DATE OF BIRTH (month, day, end year) Sept 29, 1882	I last sawn es alive on lung 21, 1936; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
53 10 22 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work	Cerekeal Hemorrage any
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1936
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lut. Savage (State or country)	Other Contributory Canoes of Importance:
13. NAME John & Blanks	7-
13. NAME 14. BIRTHPLACE (city or town) Wellerslung (State or country)	Neme of operation Dete of Whet test confirmed diagnosis Clark Fund Was there an autopsy?
15. MAIDEN NAME Cacalia Orudarill	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Daniel Willer (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece prescopal M. Savey Date Que 24, 1936	Manner of injury
IN UNDERTAKED DE LA SER SELECTION CO	24. Was disease or injury in eny way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7938
1. PLACE OF DEATH	9
County Offenny	Registration Dist. No.
Village pr City Falth Ind	ND. Mines Horbitalst Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred yyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME X esuas Mense	ch
(a) Residence: No.	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (May) (Mear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	ang 19 ,1926, to aling 22, 19.36
6. DATE OF BIRTH (month, day, and year)	Hast saw alive on Cuy 22, 196; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at lo lo m.
2 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular	Data of other
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Marasmus; due to + }
9. Industry or business in which work was done, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and	a congenitally inferior infant a Que GIP
D. Date deceased last worked at this occupation (month and year)	
Q.	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	a full-term infant ; but it never
	thrived of from butter
13. NAME Carl Minich	
14. BIRTHPLACE (city or town)	Name of operation Data of
(otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME A Minuich 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(Stata or country)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury
Place formans em. Date Lung 23, 1936	Nature of injury
G(I)	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
	(Signed) WOM Lanely M.D.
20. FILED Chy 23, 19 5 4, W, Walker, M. D. Registrar.	(Address) Landbury my
If more blanks are needed, address State Registrary	2422 N. Charles Street Belginger Proceedings St. S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Remove on the same of the same			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

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V. S. No. 1

rion is

NT RECORD. Every item of infor- L Y. PHYSICIANS should state I. Exact statement of OCCUPA.		WRITE PLAINLY, WITH WNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	aption should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NT F	DISTRIBUTION OF THE	IS' IS A PERMANENT F	be stated EXACTLY.	be properly classified. E	P. Contification
IS' IS A PERMANE: e stated EXACT e properly classified	TANTOTAL VIDA	WITH WNFADING INK-TH	fully supplied. AGE should b	n plain terms, so that it may b	, I
VITH WFADING INK—THIS IS A PERMANE, ully supplied. AGE should be stated EXACT plain terms, so that it may be properly classified		WRITE PLAINLY, V	lation should be caref	AUSE OF DEATH in	TON STATE STATE OF INCIDENCE

OCCUPATION 9. 1

MOTHER

	STATE OF MARYLAND—CERTIFICATE OF DEATH 7
1.	. PLACE OF DEATH
	County ALLEGANY WITHIN CORPORATE LIMITS. Registration Dist, No. 4
	Village or City CUMBERLAND, MP. MEMORIAL HOMPLITAL
	(If death occurred in a hospital or institution, give its NAME instead of street and nur
	Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?yrs,mos
2.	2. FULL NAME ARLIE NINE Jr. If U. S. Veteran, specify WAR

	211111111111111111111111111111111111111		THE POINT	2117-1	Registratibil Dis	i. IND	
Village or (CityCUMBERLAN	$D_{\bullet}M^{D}$.		HOSPITAL		St.,	6-1 Ward
			yrsmos	death occurred in a hospital ords. How long in U.	S. if of foreign blrth?	yrs	.mosds
	ME ARLIE			If U. S. Vete	eran, specify WAR		
(a) Resider	nce: No. DEER	PARK (Usual place of	of abode)	St., Ward.	If nonresident give	city or town a	nd State
PERSON	AL AND STATIS	TICAL PARTIC	CULARS	MEDICA	L CERTIFICATE O	F DEATH	
3. SEX MALE	4. COLOR OR RACE WHITE		RIED, WIDOWED, O (write the word)	21. DATE OF DEAT	TT 99 TO36	(Day)	, 193 (Year)
5a. If married, widov HUSBAND of (or) WIFE of	ved, or divorced			22. aug 14	BY CERTIFY.	That t attende	ed deceased from
6. DATE OF BIRTH	(month, day, and year)	JUNE TI	1936		aug 22		
	ars Months	Deys	If LESS than 1 day,hrs. ormin.		e stated above, at		1
kind of SAWYER	ssion, or particular work done, es SPINNER, , BDOKKEEPER, etc business in which s done, es SILK MILL, LL, BANK, etc				Slev Cu	eti	Date of onsat
11113 0606	ed last worked at pation (month end		me (years) It in this pation				
(State or cou	ty or town)MDntry)			Other Contributory Causes of	turity at f	niti	
I4. BIRTHPLACE	RLIE NINE (city or town)MD r country))		Name of operation	is?	Date of.	
	ME MILDRE (city or town) MD r country)	ED LONG		23. If death was due to extern Accident, suicide, or homicid	nal causes (VIOL ENCE) fill in	also the followi	ing:
17 INFORMANT	WEMORIAL HOUNBERLAND, M	SPITAL		Where did injury occur? Specify whether injury occur	(Specify city or tow red in INDUSTRY, in HOME,	n, county and St or In PUBLIC F	tale) PLACE,
18. BURIAL, CREMA	TION, OR REMOVAL	ol Dete an	123 1936	Manner of injury			

19. UNDERTAKER (Address) Registrar.

If so, specify (Address)

24. Was disease or injury in any way related to occupetion of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WAS EAU			
Other contributory causes of importance:	7000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

A. JONES

DR.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HONEAU Y	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

hura

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Chronic interstitial nephritis CED 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUNEAU V. S.	L. Company		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MAR 1. PLACE OF DEATH	YLAND—	CERTIFICATE	OF DEA	Light Company	-135
County allegany		(82-10)	Registration	Dist. No.	to
Village or City Cumfelladd	WITHIN	CORPORATE LIMITED CONTROL OF MAN	tution, give its NAM	St., E instead of street and	ward number)
Length of residence In city or town where death occurred.	yrsmos	How long in U.S. if	of foreign birth?	yrsn	nosd
2. FULL NAME Janua	11. pp ar	ben			
(a) Residence: No. 505 (Usual place	of abode)	St., L Ward.	If nonresident	give city or town and	d State
PERSONAL AND STATISTICAL PARTI		MEDICAL (CERTIFICATE		
	RIED, WIOOWEO, D (write the word)	21. DATE OF DEATH	ug.	3/	., 193 6
5a. If married, widowed, or divorced	Jus		(Month)	(Day)	(Yeer)
HUSBANO of (or) WIFE of		22. I HERE	* CERTIF	Y, That I ettended	deceased fr
6. DATE OF BIRTH (month, day, and year) Feb. 2.5	-1855	I last sew her 7 alive on	Ce	-3/ 19.8°	deeth is s
7. AGE Years Months Oays	If LESS than	to have occurred on the date sta	ted above, at	5. 6m.	
84 6 6	1 day,hrs.	The PRINCIPAL CAUSE OF DE.	ATH and related caus	es of importance	10.1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lil	lereby	Roll	shoge	Oateofons
9. Industry or business in which work was done, as SILK MILL.					-
O this occupation (month and spe	ime (years) ntin this	-			
12. BIRTHPLACE (city or town)		Other Contributory Causes of im	portance:		
(State or country)	md.		,		
13. NAME Wm Taskey	0				
14. BIRTHPLACE (city or town). Cumber	and	Neme of operation		Oate of	
(State of country)	ma.	What test confirmed diagnosis?_		Wes there an	autopsy?
15. MAIOEN NAME & Canon of	orten	23. If death was due to external o	auses (VIOLENCE) fi	ll in also the followin	ig:
15. MAIOEN NAME Canol 16. BIRTHPLACE (city or town)	Land Land	Accident, suicide, or homicide?		Date of Injury	, 19
State or country)	ma.	Where did Injury occur?	(Specify city or	town, county and Sta	ate)
17. INFORMANT Mrs. 6. Mcd. (Address) Cumberlan	and	Specify whether Injury occurred	In INOUSTRY, In HO	ME, or in PUBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	1 × 2 = 2/	Manner of injury			
Place Oate Oate	2,1936	Nature of Injury			
19. UNDERTAKER Address)	x md	24. Was disease or injury in eny	way related to occup	ation of deceased?	
20, FILED aug 31, 19 36 Rug P. 3	Jankle -	(Signed) (Address)		al a	M

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	F MARYLAND-	CERTIFICATE C	F DEAT	H .<7	794
1. PLACE OF DEATH		and the same		0/	00
County	Manuara	IN CORPORATE LIN	MIIO.		4
County	10	13000-	71	. No.	
Village or City	sepland	death occurred in a hospital or institution	Decive in AME in	St., Y	t number)
Length of fesidence in city or town where dea		ds. How long In U.S. if of f		yrsmo	05
2. FULL NAME Collar	July blanta				
	SSIPAL	If U. S. Veteran, sp	ecity WAR		
(a) Residence: No. QOI	(Usual place of abode)	St., Ward.	If nonresident give	city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CEI		AND DESCRIPTION OF THE PERSON	
	S. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	1		-
malo restito	OR STYCECED (write the word)	8/	22		, 193
5a. If marriad, widowed, of divorced	Marvine		(Month)	(Day)	(Ye
HUSBAND of (or) WHEE of	Walter	22. LHEREBY	CERTIFY	That Lattanded	decease
- Jemany	success in	0/1	00,00	1	- 419
6. DATE OF BIRTH (month, day, and year	12-01887	I last saw h	5/22	286	; daath
7. AGE Yaars Mont's	Days If LESS than	to have occurred on the data stated to	bove, at	m.	
48 11	day,hrs.	The PRINCIPAL CAUSE OF DEATH	and ralated causes of	importance	,
8. Trade, profassion, or particular	0.111 11 11	Cank sould	cepres.	sed,	Data
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	el Marker	Masterl	dy or	ulx	1
Industry or business in which work was done, as SILK MILL,	Upth .	101210-11	el		2
SAW MILL, BANK, etc.	College	whatel water	1	Lal	10.2
10. Date deceased last worked at this occupation (month and	I1. Total tima (years) spent in this	and do de dura	tion and	artig or for	-
year)	occupation	Other Cantributary Causes of imports	auce.	7.	
12. BIRTHPLACE (city or town)	//0				
(State or country)					
13. NAME LUO /	arlow	I	1		
14. BIRTHPLACE (city or town)	1/	Neme of operation. Wooden	brems	Date of &	1/2
(Stata or country)	La_	What tast confirmed diagnosis	se citis	∠Was there an a	autonsv
IS. MAIDEN NAME / Pelecce	e Jagg	23. If death was due to externel cause	N		
16. BIRTHPLACE (city or town)	16/1/	Accident, suicida, or homicide	'd'	1.12	2
State or country)	-Vet	Where did injury occur?	enledde	eid de	il
Shor Inhala	rest (1	Spacify whether injury occurred in I	(Specify city or town	or in PUBLIC DI	e) ACE
17. INFORMANT	Mary, Wid	Tuel		T. III TOPETO FE	
18. BURIAL, CREMATION, OR REMOVAL	1 11	Manner of injury	/ /	Λ	
Place trust Bury his	Date del 24, 1936	Nature of injury Disurs	P 1 /10		
10. 12	. //		roleted to assure "		2
19. UNDERTAKEN	= 7400	24. Was disaasa or injury in any way	telated to occupation	or daceasad?	-
B C	112	If so, spacify	MMAN	0 11	
20. FILED ang 24 196 30 2	x or then he	(Signad)	-12-1-1-11		
20.116	Registrar.	(Address)	111111	111.1/	1 14

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County allesan	The state of	Registration Dist. No.	
Village or City Length of residence in city er town where dea		No. 433 (s) cen From St., f death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME	5.000		
. / 1	The same	If U.S. Veteran apecify WAR	
(a) Residence: No. 433 CASC	(Usual place of abode)	St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	or DIVORCED (write the word)		193 6
5a. If married, widowed, or divorced		(Mon y h) (Day)	(Yaar)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attanded dec	ceasad from
	1 /	lug 14 1936, to lug 14	., 1936
6. DATE OF BIRTH (month, day, and year) (Lie	9 14, 1936	I last saw h. S. Y. aliva on Chung 14 , 1936;	death Is sei
7. AGE Years Months	Days If LESS than I day, 12 hrs. or 15 min.	were as follows.	2.4.6
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Data of onse
-		tremsturety (6 his)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Totaf tima (years) spent in this occupation	-	
12. BIRTHPLACE (city or town) (State or country)	Fuland	· Other Contributary Causes of importance;	
13. NAME Sichard 11	Miang Paul		
14. BIRTHPLACE (city or town)	Merland	Name of operation 20012 Date of	
1 (Otate of country)	Jaid.	What test confirmed diagnosis Luci Cal Was there an auto	opsy? aw
15. MAIDEN NAME atherine	- Parline Daves	23. If death wes due to external causes (VIOLENCE) fill in also the following:	-24
0 16. BIRTHPLACE (city or town)	uberland	Accident, suicide, or homicida? Data of injury	, 19
≤ (Stata or country)	and.	Where did Injury occur?	
17. INFORMANT (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION OR REMOVAL	* any 15, 1926	Manner of injury	
19. UNDERTAKER (Address)		24. Was disease or injury in any way related to occupation of deceased?	ى
20. FILED duy 15 , 19 36	J. B. Dala Registrar.	(Signed) Mithur topoglof (Address) 40 M. Libert St.	M. [

should state

PHYSICIANS

PERMANENT REC

INK-THIS IS A

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAD

FOR BINDING

ARGIN RESERVED

stated EXACTLY. properly classified.

Exact statement of OCCUPA-

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7946
1. PLACE OF DEATH	OBPORATE LIMITS
County alleganis	Registration Dist. No.
Village or City Cumberland!	water stack maintain Santagumen Ward
Langth of rasidanca in city or town whera daath occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
2. FULL NAME Clara may The	lik
(a) Residence: No. The said Tank	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH (fonth) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of	Verification of the control of the c
(or) WIFE of Walter hillips	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) May 13 - 1905	I last saw h. I aliva on 8 6 1926 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \(\frac{1}{2} \frac{1}{2} \to \text{AT.} \)
31 2 27 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and	(Memorrory WIII
work was dona, as SILK MILL, SAW MILL, BANK, atc.	- Tuber Culosia 6
10. Data daceased last worked at this occupation (month and yaar)	- Lander of the Control of the Contr
Dans my	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Chas Clise	
14. BIRTHPLACE (city or town) Search Tuli	Name of operation 72 Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cluva Jung 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Mary V. Jane	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Mannar of injury
Place Tradburg Data aug 12, 1936	Natura of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) / Trolling	If so, specify
20. FILED aug 12, 1936 Dr. & P. Fyllin	(Signad) Williams Mo.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
RUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M

FOR BINDING

ARGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12)
County Cilleghery	Registration Dist. No.
Village or City New Paw Paw	
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Kernetta Var Porus	ell
M P. D.	Ct. Ward
(a) Residence: No. Vees Van (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ZZ (Month) ZZ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	- The state of the
(or) WIFE of Chied	1 HEREBY CERTIFY. That I atlended decesed from 1936, to 1936
6. DATE OF BIRTH (month, dey, and yeer) Not 20, 1932	Hast sawh elive on Corry 2/ 1956; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 1.5 Q.m.
3 2 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Entro Chalitis
OF Tale, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this pecuation (much and the profession) and the profession (much and specific profession).	
10. Date deceased last worked et this occupation (month and year)	
Water Mrs.	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME / S STORMER	(
13. NAME 12 D Voyall 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Oate of
4 14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Clanseal Westhere an autopsy? he
15. MAIOEN NAME PRULYING BY Propes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME MUJGI B Profes 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
∑ (Stete or country)	Where did injury occur?
17. INFORMAND Pace Paces W. Va.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL W. 29 23 9 1986	Manner of injury
19. UNDERTAKER SU. H. Micke	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED LIGHT 1936 Carrie a Shombo	If so, specify (Signed) (Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstilial nephritis	1021	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED mation should be carefully supplied. AGE should be B.-WRITE PLAINLY, V. S. No. 1

-

STATE OF MARYLAND	CHEROMFICATE OF DEATH
1. PLACE OF DEATH	10015 210-9
11tS10 unty 1	Registration Dist. No.
Villagnortony Comments to Cumberla	und hav Cloton mass, were
Length of residence in city or town where eath occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
(D) 7, R	
2. FULL NAME (Com Y. Vec)	Lay FU U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	(S)., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DWORCED (write the food)	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 1025	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I fest saw h elive on, 19; death is said
Q 2 // 1 dey,hrs.	to have occurred on the date stated above, et. 2 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1
8. Trade, profession, or perticuler	were as follows Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	49 7
9, Industry or business in which	24 . R. D. + J H 8/2/
work was done, es SILK MILL, SAW MILL, BANK, etc	a Kielstram 1/36
- 1 spontin this	000
year) occupation	Other Contributory Causes of importence :
12. BIRTHPLACE (city or town)	(oncurion of Braun
(State or country)	<u> </u>
13. NAME Laure Reckley 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	Whet test confirmed diagnosis: there an autopsy?
15. MAIDEN NAME LOSSE TO 16. BIRTHPLACE (city or town)	23. If death was due to external cadses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homidiative control Date of injury Of 1935
Color Bank	Where did injury occur? (Specify city or town county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HOME, ok in PUBLIC PLACE.
18. BURIAL AREMATION, OR RIMOVAL	Mahner of injury . A
parceardy was bate lug 9, 1934	المنتقلة المنتقلة م محسول المحسود والمراجعة والمنتقلة المنتقلة المنتقلة المنتقلة المنتقلة المنتقلة المنتقلة الم
9 . 8 . 10 . 0	24. Was disease or injury in eny wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
0 / 9 2/ ACD (P) 1/2	(Signed) The Warly an Work
20. FILED QUARTE A., 19. 24. A. V. T. Registrar.	(Address) Clemb Mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Land of the state			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH
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-	1. PLACE OF DEATH		210-m CNO	
1	County ALLEGANY		RPORATE LIMITS Registration No. MEMORIAL HOSP:	Dist. No. 4
	Village or CityCUMBERI	, CIF	No. NEMORIAL HOSP' death occurred in a hospital or institution, give its NAM ds. How long in U.S. If of foreign birth?	E instead of street and number)
	THE STATE OF THE S	TOWN A TAT		
			If U. S. Veteran, specify WAR	
	(a) Residence: No. PETE	RSBURG, W. VA. (Usual place of abode)	St., Ward.	at give city or town and State
	PERSONAL AND STATISTIC		MEDICAL CERTIFICAT	E OF DEATH
H	MALE COLORED	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH AUGUST (Month)	17 , 193 6 (Year)
	5a. If marriad, widowad, or divorced HUSBAND of (oz) WHFE of	Kedna	22. I HEREBY CERTIF	, 19
ite.	6. DATE OF BIRTH (month, day, and yaar)	pul 10, 1895	1 last saw h aliva on	
certificate	7. AGE Yaars Months	Oays If LESS than 1 day,	to have occurred on the date stated above, at 6 The PRINCIPAL CAUSE OF DEATH and related cod were as follows:	sas of importance
on back of	S Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	FORMAN 11. Total tima (years) spant in this occupation	fracting of the fraction of proceedings of proceedings of president is Paugust 1	Date of onest Date of onest Date of onest
instructions	12. BIRTHPLACE (city or town) 24.0	(Q)	Other Contributory Causes of importanca: On road from Fort Osly West Virginia	to Springfield.
nsti	II 13. NAME auch Yes	duan		
See i	14. BIRTHPLACE (city or town)(Stata or country)	unk.	Name of operation	Date of
+	# 15. MAIDEN NAME Chris	Real	What tast confirmed diagnosis? 23. If death was due to external causes (VIOLENCE)	
important	16. BIRTHPLACE (city or town)(State or country)	unk.	Accident, suicida, or homicides the identify Where did injury occur?	Date of injury 1.4., 19
very in	17. INFORMANT	round Hospital	Spacify whether injury occurred in INOUSTRY, in H One public frhood on the	vitown, county and State) OME, or in PUBLIC PLACE. Virginia
.00	18. BURIAL, CREMATION, OR DEMOVAL Place Selensburg Ha	Data Que 19, 1936	Mannar of injury Nature of injury	accionisory
TION	19. UNOERTAKER J. E. Thrus (Address)	slight of	24. Was disease or injury in any way related to occu	patien of daceasad?
T	20, FILED Aug 22, 19 36 De	gl. Frahle Registrar.	(Signad) (Addrass)	M, D.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	tem of infor-	should state	of OCCUPA-	
U DI	coarb. Every i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
INDING	RMANENT RE	XACTLY.	classified. Ex	*
FOR B	S IS A PE	e stated E	e properly	f certificate
WAGIN RESERVED FOR BINDING	G INK-THI	GE should by	that it may be	ns on back of
N. P.GIN	H UNFADIN	y supplied. A	ain terms, so 1	TION is very important. See instructions on back of certificate.
	AINLY, WIT	ld be carefull;	DEATH in pl	y important.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation shou	CAUSE OF	TION is ver

County County Village or City De County West County	Registration Dist. No. No. No. No. No. Ward Ward Weath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME 4.CMLL	If U.S. Veteran specify WAR
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Veer)
a. If married, widowed, or divorced HUSBAND of	On THE PERVICE PILEY That allered demand for
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 19
DATE OF RIRTH (month, day and year) MAG. 4 - 1936	I last saw h. Slive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Dete of onee
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	12001
10. Date deceased last worked et this occupation (month end year)	Other Contributory Causes of importance
12. BfRTHPLACE (city or town) J CON MAN G. (Stete or country)	
13. NAME VIA AMELIE	4
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SELECTION OR USERCULA	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State op country)	Accident, sulcide, or homicide?
17. INFORMANT TOSTONY MICHEL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceDete	Nature of Injury
19. UNDERTAKER(Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 8-5, 19 7 6 Q. R. Weehe Us.	(Address) (Signed) M.

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Other contributory causes of importance:		Other contributory causes of importance:	
	36 44000		
Gallstones	May 1,1923	Gastroenteritis	1 year

17. INFORMANT. (Address)

19. UNDERTAKER (Address)

LION

18. BURIAL, CREMATION, OR REMOVAL

1. PLACE OF DEATH

WITHIN CORP	ORATE LIMITS, 1860
LAND	No. MEMORIAL HOSPITAT, St. 4-1 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
RINKER	If U. S. Veteran, specify WAR
HATTMAR (Usual place of abode)	St., Ward. MARYLAND Sarveth
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH / / / (Day) (Year)
OBIE	22. I HEREBY CERTIFY. That I attended deceased from
DECEMBER 11 /906	I iast saw h Malive on 25 193 Edeath is said
Days ITLESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, at
MINER	Tipe list le rore d'ite of onset
	Fractured ceraical restation, severing spinal
11. Total time (years) spant in this occupation	porch; at his home. Quest
RYLAND	Other Contributory Causes of importence:
ŒR	
/IRGINIA	Name of operation Dete of Was there en autopsy?
MOON	23. If death was due to external ceusas (VIOLENCE) fill in also the following:
ARYL IND	Accident, suicide, or hamicide Date of injury 1/6, 19 3 6
Y RINKER	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
n Date aug 21,1936	Manner of injury — — — — — — — — — — — — — — — — — — —
aspless	24. Was diseese or injury in any way related to occupation of deceased?
h. J.P. Fronklig.	(Signad) M, D.
Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage. July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y PHYSICIA	N
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. AGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH
		/			

1. PLACE OF DEATH	out	157-D
County allegand	WITHIA GORPGRATE LI	Registration Dist. No.
Length of residence in city or town where d		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. L. W.C.	(Usual place of prode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED of the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	19, 24, 1936 Days If LESS than 1 day, 12-hrs. ormin.	I HEREBY CERTIFY. That I attended deceased from 1931, to large 2 b, 1932 ; death is sainto have occurred on the data stated above, at 1 5 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	21. Total time (years) spent in this	Hydroelphulls
12. BIRTHPLACE (city or town) 7/1 av (Stata or country)	ryland	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) 211 (State or country)	erpland	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address)	Lloyd ryland obertson	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Book Hill ernets	7 Date Ling, 25, 19 36	Manner of injury
19. UNDERTAKER My Cichh (Addrass) Lanacar 20. FILED aug. 72 136 E. S.	orn med	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
	Registrar.	(Address) J. Marileoning May

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	-18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	item of infor-	S should state	of OCCUPA-	
DNG	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	-THIS IS A PERMAN	ould be stated EXA	may be properly classi	ack of certificate.
WAGIN RESE	H CNFADING INK	y supplied. AGE sho	ain terms, so that it i	See instructions on b
	RITE PLAINLY, WIT	ion should be carefull	USE OF DEATH in pl	TION is very important. See instructions on back of certificate.
=	-W	mat	CA	TIC

STATE OF MARYLAND—CERTIFICATE OF DEATH

IE O	F DEATH	7952
2.70	2	
	Registration Dist. No.	

1	L PLACE OF		rн egany			8270)	, (, , ,
	County			. 3 153		Registration Dist. No.	
	Village or Cit	tyC	umberlar	na. Ma	Cle	No. Rout 2 St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of resid	anca in ci	ity or town whare d	eath occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	. FULL NAM	TE O	thelia.	Robine	tte	If U. S. Veteran, specify WAR	
	(a) Residence	e: No.	Near !	Twiggto	wn. Md	St. Ward.	
	(.,			(Usual place		If nonresident give city or town and S	tate
			D STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	sex Female		n or race hite		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Aug. 12.1936 (Month) (Day)	193
5a.	If married, widowe HUSBAND of (or) WIFE of	Jes	se. Robi	lnette.		22. I HEREBY CERTIFY, That I attended do	acaasad from
	DATE OF BIRTH			Oo+ 8	th.1845	1 last saw h 2 aliva on Clear 12 1 1936	, 19.36
	DATE OF BIRTH (n		y, and yaar) Months	Days	If LESS than	to have occurred on the date stated above, a 10.30 Am	death is said
	9	0	10	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	8. Trade, profess	ion, or p	articu lar		ormin.	were as follows:	Date of onset
IOI	kind of wo	ork done, BOOKKEE	as SPINNER, PER, etc	At I	Lome		
OCCUPATION	9. Industry or b	dona, as	SILK MILL.			Grimary/cosse: Cerebral Remorphages	
DO:	10. Bate dacaased		atc	11 Total i	lima (yaars)	Durstion: 3 months away	
0	this occupa	ation (mo	nth and	spa	ntin this	. (44.11	
				Md	N	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city (State or count						
ER	13. NAME	Jam	es. Will	Lison.			
FATHER	14 RIPTHPI ACE	Ceity or to	wn)	Mo	i	Name of operation Data of	
F	(State or c		/#II/			Name of operation Data of	tonsy?
MOTHER	15. MAIDEN NAM	E SI	uzamne.I	wigg		23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:	
OTI	16. BIRTHPLACE (city or to	wn)	Md		Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or o					Where did injury occur?	
17.	INFORMANT(Address)CU		ss May I rland N		2	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18.	BURIAL, CREMATI					Manner of injury	
-	Placa	een.			3-14-1936	Nature of Injury	
19.	. UNDERTAKER			Wolford		24. Was disaase or injury in any way related to occupation of daceased?	۵
	(Address)		Cumber	land. 1	Md	If so, spacific	
20.	FILED aug	14.	1936	1 Jan	ett	(Signed) Question 1	M. D.

V. S. No. 1

N. B.-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	II.	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	13 F 12 12 18 18 18 18 18 18 18 18 18 18 18 18 18	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 100	July 5, 1927	Peritonitis ·	3 days ago
	BUNGALL V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
FATU				

MOMO

	SIAIL	OF MAK	ILAND	CERTIFICATE OF DEATH	1900
1. PLACE OF			-	(60E)	,
County	Ullegher			Registration Dist. No.	
Village or Ci	ty	/ Tue C	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street as	and number)
2. FULL NAT		1 A. D.	W I		mos
	<i>p</i>	7 unca	no Hour	The state of the s	
(a) Residence	e: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH aug. 11	, 193 6
sa. II married, widowe	d, or divorced	r		(Mønth) (Day)	(Year)
HUSBAND of (or) WIFE of	-			22. are I HEREBY CERTIFY, That I atten	, 1936.
5. DATE OF BIRTH (month, day, end year)	hug. 10	1936	I last saw full alive on aug 10 1,190	6; death is said
7. AGE Year		Days	If LESS than	to have occurred on the data stated above, at	
	1 0	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Ioliows:	Date of onset
SAWYER,	sion, or particular ork dona, as SPINNER, BDDKKEEPER, etc	V		un form	8-10-36
9. Industry or b	usiness in which done, as SILK MILL, ., BANK, etc				
10. Date decease this occup		spe	me (yaars) nt in this		
12. BIRTHPLACE (cit)			md	Other Contributory Causes of importanca:	
- 10	A .	· liveon			
14. BIRTHPLACE	(city or town)Z	Mc Coole	7	Name of operation Zoul Detect	JI
15. MAIDEN NAN	1	~4	D. I		an autopsy?
16. BIRTHPLACE	(city or town)	Hayant Dawson	Mobilism	23. Il deeth wes due to externel causes (VIOL ENCE) fill in also the Iolio Accident, suicide, or homicida? Data of injury	The second second
17. INFORMANT	rlando W	Robins	md,	Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL &	Date aug	- 14 , 1936	Manner of injury	
9. UNDERTAKER	Hulant	W.Vs	Zons	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
O. FILED CLEY	. 11, 1936 GO	ayenha	Bar M.D. Registrar.	(Signed) M.W. Magwell (Address) Keyen &	Wa M.D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The second secon	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7954
1. PLACE OF DEATH	HIN CORPORATE LIMITS Registration Dist. No. 44
County allegant ANITY	AIN CORPORATE Registration Dist. No. 44
Village or City Of Landula	No. 139 Polks St. 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME VI INFILLY OF THE	If U. S. Veteran, specify WAR
(a) Residence: No. 13 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Montk) (Day) (Yeer)
HUSBAND of Flora Bell Rutherford	22. HEREBY CERTIFY, Thet I attended deceased from 1936, to ang 9 1936
6. DATE OF BIRTH (month, dey, end year)	I last sew h alive on as 4 7 , 19 6; death is seid
7. AGE Years Months Deys If LESS then	to have occurred on the dete stated above, et
76 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, prolession, or perticuler kind of work done, as SPINNER, P	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SICK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Cancel of Dags
work wes done, as SICK MILL, SAW MILL, BANK, etc.	seconday to an org
10. Date deceased last worked et 11. Total time (years)	G Menoma of Las.
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Jennessee (State or country)	Other Contributory Causes of Importence:
13. NAME John Rutherland	
13. NAME 14. BIRTHPLACE (cit of town) (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Inknown	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Self Self Self Self Self Self Self Self	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place allegang Date ang 11 1936	Menner of injury
Piece Date Date 1 1950	Neture of injury
19. UNDERTAKER Aucot tafer (Address) Cumberland md.	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEDING 10, 1936 Av. J. P. Franklin Registrar.	(Signed) A Cower M. D. (Address) and Indianal Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

122 Bufan 14

V. S. No. 1

1. PLACE OF DEATH County Corporate Corporate Corporate Registration Dist. No. Village or City Village or City (If death occurred in a hospital or institution, give its NAME instead Length of residence in city or town where death occurred yrs mod ds. How long in U. S. if of foreign birth? yr 2. FULL NAME (a) Residence: No. (bual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	St, 4 Ward
Village or City Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in a hospital or institution, give its NAME instead Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occurred yrs model. Length of residence in city or town where death occu	St, 4 Ward
Length of residence in city or town where death occurred yrs ds. How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS (If death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth? yr 16 U. S. Veteran, specify WAR St., Ward. MEDICAL CERTIFICATE OF I	of street and number)
Length of residence in city or town where death occurred yrs most ds. How long in U.S. if of foreign birth? yrs 2. FULL NAME (a) Residence: No. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	l of street and number)
2. FULL NAME (a) Residence: No. (b) St., Ward. (a) Ward. (b) Ward. (b) Ward. (c) If nonresident give city (c) PERSONAL AND STATISTICAL PARTICULARS (c) MEDICAL CERTIFICATE OF I	rsds
(a) Residence: No. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	21
	y or town and State
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write theyword)	6 - 1026
Sa. If married, widowed or divorced (Month) (Do	Day) (Year)
HUSBAND of (or) WIFE of Mary Margarch Sando. 22. I HEREBY CERTIFY, Tha	at I attended deceased from
, 19 , to, 19	
	, 19; death is sai
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of imp	
OU Ormin. were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Smithhouse SAWYER, BOOKKEEPER, etc. Smithhouse Standard by R. R. S.	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et A II. Total time (lears) this occupation (month and	
SAW MILL, BANK, etc.	una
10. Date deceased last worked et this occupation (month and year) 11. Total time (lears) spent in this occupation	
Other Contributory Canses of importence:	
12. BIRTHPLACE (city or town)	
13. NAME Robert Sechrist	
13. NAME World Sechrish 14. BIRTHPLACE (city or town) Name of operation	Dete of
	Was there an autopsy?
15. MAIDEN NAME Andre Amillo 23. If death wes due to external causes (VIOLENCE) fill in also 16. BIRTHPLACE (city of town) Accident, suicide, or homicide Control Date of in the country of the country	the following:
16. BIRTHPLACE (city allown) Accident, suicide, or homicide Cecieles Date of i	injury 8 6 19.34
where did injury occur: It I I I I I I	16
(Specify city or town, co. 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME or i (Address) (Address)	in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / A Manner of injury Backer of	y R. R. Eng.
Place 1004 1004 1000 Date 1000 7 , 1936 Nature of injury Julial J. S.	serry .
19. UNDERTAKER from Stern Inc. 24. Was disease or injury in any way-related to occupation of (Address)	deceased? Lyes
20, FILED Sug. 8, 1936. Dr. J. P. Franklin (Signed) Slill Karlin and	Evroner.
Registrar. (Address) - Unit OET 200 - Md If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7956
1. PLACE OF DEATH	210-ml
County Allegary Outsid	Registration Dist. No.
Village or City Construction	
City!	Seath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Buth lath Seifar	If U. S. Veteran, specify WAR
(a) Residence: No. Ph # 1 northerns	and Ward. Halman Ind
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Homale Market Mar	21. DATE OF DEATH (Mgg) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of undren - Seventh-	22. I HEREBY CERTIFY, That I ettended deceased from
Nex4-40 122	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest sew h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
rest 4 4 or or min.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Constill sullmally
SAWYER, BOOKKEEPER, etc	A A A
work was done, as SILK MILL, SAW MILL, BANK, etc.	promised space
10. Date deceased last worked et 11. Total time (years)	
O this occupetion (month end spent in this occupetion occupetion	
12. BIRTHPLACE (city or town). Ik Garden	Other Contributory Causes of importance:
(State or country)	
II 13, NAME TOTAL STATE	
13. NAME White I was a secondary of the	Name of correlies
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Amelia Whether.	What test confirmed diegnosis? Was there an autopsy?
T I	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? (ACO) More Date of injury
1 1 1 1 1	(Specify city or town, county and State)
17. INFORMANT (MANUAL ALL FINAL ALL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 REMOVAL CONTRACTOR REMOVAL	Manner of Injury ant accident
Place Allegany Cin Date 8/07 1936	
198.4.10	Nature of injury As Attre
19. UNDERTAKER Anna Stesm Tree	24. Was disease or injury in any way related to occupation of deceased?
(Address) landarda	If so, specify
20, FILED Chig 7, 1936 Sug P. Frankli	(Signed) Teo Planers and love

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state of OCCUPA-IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. certificate. be AGE should be See instructions on back of TION is very important.

RGIN RESERVED FOR BINDING

V. S. No. 1 m

CNFADING INK-THIS CAUSE OF DEATH. in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L PLACE OF DEATH	(99)
	County ALLEGANY WITHIN COR	PORATE LIMITS Registration Dist. No. 4
	Village or City CUMBERLAND, MD.	No. MEMORIAL HOSPITAL St 4-1 Word
	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME GEORGE W. SHAFFER	If U. S. Veteran, specify WAR
	(a) Residence: No. 131 INDEPENDENCE ST.,	CI頭又 子 Ward.
Spinish	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
-	MALE WHITE OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH AUGUST 10, 1936 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY Thet I attended deceased from
	(or) WIFE of ANNA MARTHA ROEDER	any 7 19 26 to any 10 19 36
6.	DATE OF BIRTH (month, day, and year) NAY 27, /868	I last saw h lalive on any 10, 1936; death is sald
7.	AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at 8:30 m. M.
	68 3 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, PLUMBER	- CA
OCCUPATION	Industry or husiness in which	[pugneums
J.	work was done, as SILK MILL, SAW MILL, BANK, etc	FIST -
00	10 Date deceased last worked at this occupation (month and spent in this	
_	year) occupation	Dther Controllery Causes of Importance:
12	BIRTHPLACE (city or town) MARYLAND	Spromfores popular
2	(State or country) 13. NAME HENRY SHAFFER	1 Hedrels
FATHER		The self of the
FA	14. BIRTHPLACE (city or town) MARYTANT)	Name of operation with a state of
ER	15. MAIDEN NAME ELIZABETH SEEMAN ;	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19
Σ	(State or country) MARYLAND	Where did injury occur?
17.	INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND. MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place theuseus Cem Date aug 13,131	Nature of Injury
19.	UNDERTAKER 9-5. Butler	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Cumbuland mg	If so, specify
20.	FILED ang 13, 1926 De. J. P. Frankles	(Signed) M. D.
	Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
respect All Marie				
Other contributory causes of importance:	*.	Other contributory causes of importance:	1 ,	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

S PHYSICIAN

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mation

OCCUPATION

FATHER

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1. PLACE OF DEATH WITHIN CORPORATE County ALLEGANY Village or City CUMBERIA ND. MARYLAND Length of residence in city or town where death occurred..... 2. FULL NAME LEON SHANHOLTZ (a) Residence: Np. AMARANTH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) MATE 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 8 1 day, ____hrs. 16 or min. 8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation __ 12. BIRTHPLACE (city or town) (State or country) LEONARD 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) MEMORTAT. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL airview Eph Smith 19. UNDERTAKER Artemas. (Address)

Registration Dist. No. MEMORIAL HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number) _mos.____ds. How long in U. S. If of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH ATIGUST (Month) (Day) (Yaar) HEREBY CERTIFY. That I attended deceased from 11:35 to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Contributory Causes of importance: Nama of operation What tast confirmed diagnosis?_____ Was there an autopsy?____ 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Date of injury______19_____ Whare did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Nature of injury 24. Was diseese or injury in any way related to occupation of deceased? If so, specify

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The principal cause of death and related eauses of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUWPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. f.

(Address) ____

BINDING

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GIN

(Year)

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Emanual II

Example 1		Example H		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 8 1936				
Other contributory causes of importances. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
L. Company of the Com				

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7960
1. PLACE OF DEATH WITHIN C	CORPORATE LIMITS
County Caregoria	Registration Dist. No.
Village or City Cumberland	No. Allegary Toofitel St., Ward death occurred in a hospital or histitution, specits NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Shappard	If U. S. Veteran, specify WAR
(a) Residence: No. Manufacture (Usual place of Abode)	St., Ward. Hansack Manufacture If nonresident give city or town and State VI
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single Single Single Single Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Phase 1 1897	I last sawh alive on Assault 5. 1936 death is said
7. AGE 3 9 Years Months Days If LESS than	to have occurred on the date stated above at 7:25 mm
# 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	Gere as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Oxohanda Worker SAWYER, BOOKKEPER, etc	(Saturage Stion)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
and occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Oraquilend	
13. NAME Jow Sheppard	
13. NAME Jowy Shepperd 14. BIRTHPRACE (city or town) Wash co, (State or country)	Name of operation 12 What test confirmed diagnosis 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15. MAIDEN NAME Ellie Prifer	23. If death was due to external causes (VIOL ENCE fill in also the following:
16. BIRTHPLACE (city or town) Wash to . (State or country)	Accident, suicide, or homicide?
17. INFORMANT Edward 5 Rephard.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt olive Comety Dete Hug. 8, 1936	Manner of injury
19. UNDERTAKER Suyder Rowland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cline 7, 1936 Dr. J. P. Frenkli	(Signad). M. D.
Registrar. If more blanks are needed, address State Registrar.	(Ad Iress)

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFP 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage BINCAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 7961
1. PLACE OF DEATH	940
County allegany	CORPORATE LIMITS. Registration Dist. No. 4
Village or City Busheland WITHIN	No. St. 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME alise. It is half	
	If U. S. Veteran, specify WAR
(a) Residence: No. 30 Guesa place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (02 /
To all Minte Amount	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of Williams Ellswerth	122) HEREBYTTERTIFT, That I appelled deceased from
6. DATE OF BIRTH (month, dey, and year) Unfernan 1870	I last saw have alive on cause 22 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at le 30 Pm.
about 66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ouses of importance were as follows:
9 Trade Profession or particular	Cueque (lectores Dato of one et
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	1 1 1 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Near han occurred
O I ID. Date deceased last worked et	les &
this occupation (month end spent in this year) occupetion	o for various
12. BIRTHPLACE (city or town) Wanshester	Other Contributory Causes of importence:
(State or country)	
13. NAME Samuel Shinkoll	
14. BIRTHPLACE (city or town) Truckes to	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Hamah queman	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Winhall	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary & Randall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lemberland gnd	
Place Why specter Vin Date aug 24, 1936	Manner of injury
millibran kenny	The control of injury
19. UNDERTAKER	24. Was disease or injury any wey related to occupation of deceased?
Aug 214 -1 D 2 8 7 1 10 1	If so, specify (Signed) (Signed) (M.D.
20. FILED Registrar,	(Address) 13 4 Union St
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

pay	13	10	43
6	J	U	2

1. PLACE OF DEATH		(I3))		1.	
County allegans			Registration Dist.	No. 4	
Village or City Length of residence in city or town where death occurred	. (If de	FEND IMITS. eath occurred in a hospital or institution. ds. How long in U.S. If o			
2. FULL NAME Anna + An	wh		specify WAR		
(a) Residence: No. B 0 9 Hendus as (Usual place of a	Bla q	St., 4 Ward.		city or town and Sta	te
PERSONAL AND STATISTICAL PARTICU	JLARS	MEDICAL CI	ERTIFICATE OF	DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEI OR DIVORCED (2) This is a seried windowed or divorced		21. DATE OF DEATH	(Month)	3 0 , 19 (Dey)	(Year)
5a. If married, widowed, or dispreed HUSBAND of (or) WIFE of George 1 Sith		22. A I HEREBY	CERTIFY.		eesed from
6. DATE OF BIRTH (month, day, end yeer) Quelo 21	1869	1 last sawhelive on	uz 29	U, 19 6 ; di	eath is said
7. AGE Years Months Deys	If LESS then	to heve occurred on the dete state	d ebove, et 2	A-	
	l dey,hrs.	The PRINCIPAL CAUSE OF DEAT were es follows:	H and releted ceuses of	1-	ate of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	46	Chronic Nec	Notes:		Nur
9. Industry or business in which work wes done, as SILK MILL,		(W- W/L
SAW MILL, BANK, etc	n this				
12. BIRTHPLACE (city or town) beautiful (State or country)	4	Other Contributory Causes of Impo	rtance;	8	٠. ٢٦-
	-				
13. NAME Henry Hank 14. BIRTHPLACE (city or town) (State or country) 2 J A		Neme of operation	John January Marie	Dete of	inev?
15. MAIDEN NAME Leah H. Husti	ing	23. If deeth wes due to externel ceu	ses (VIOLENCE) fill in a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0 16. BIRTHPLACE (city or town) see Settyelre	ig Va.	Accident, suicide, or homicide?	Dete	of injury	_, 19
17. INFORMANT LO S STITULE (Address) 609 Header Company	7	Where did injury occur? Specify whether injury occurred in	(Specify city or town INDUSTRY, in HOME,	, county and State) or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	uso .	Menner of injury			
Place It Putriske Dete Soft	1, 193 t	Neture of injury	***************		
19. UNDERTAKER farmin Stein In		24. Wes disease or injury in any w	y related to occupetion	of deceesed?	a
(Moderness Content - de so	nd	If so, specify			
20. FILED Carp 1 1976 Q. J. P. Fren	her.	(Signed)	- thursday		M. D
0	Registrar.	(Address)	A. A.	land land	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis : 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

info stat UPA	1. PLACE OF DEATH			
7)	County UllegayWAKIN COP	RECRATE INVIDENTIAL Registration Dist. No. 4	1	
should of OCC	Village or City Cumliferland	No. 3/1/1/1/1/1/2 Get. St., 6. death occurred in a hospital or institution, give its NAME instead of street and nu	-3Wa	
NS NS	Length of rasidence in city or town whare death occurradyrsmos.			
Every CIANS ement	2. FULL NAME Many Rinky Sun	If U. S. Veteran, specify WAR		
rD. YSIC state	(a) Residence: No. 317 md leve	St., 4-3 Ward.		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S	tate	
RECO PH Exact	3. SEX / 4. CQLOR OR RACE , 5. NNGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
ANENT CTLY ssifted.	7. White OR BIVORCED (write the word)	(Month) (Day)	193 (Year)	
	5a. If married, widowed, or divorced HUSDAND of (or) WIFE of Cacol	22. N I HEREBY CERTIFY, That I attanded do	ecaased from	
	(6) 1112 61 7 222 5	June 1 10 ,1935, 10 ang 24	19.3	
	6. DATE OF BIRTH (month, day, and year) uly 5 - 1856	I last saw harmalive on acry 6, 1936;	death is sa	
A I sed	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.		
IIS IS A PE be stated E be properly of certificate	0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Data of ons	
	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dialita Cina		
ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		7.44	
X E .	SAW MILL, BANK, etc		1836	
THE TO	O IO. Date deceased last worked at this occupation (month and year) occupation occupation			
AGE AGE that		Other Caatributary Caases of importance:		
d.	12. BIRTHPLACE (city or town) (State or country)	A later mellit	1024	
ONFADING upplied. AGI terms, so that instructions	13. NAME Courad Pranker	Comi tedoco Och	£4.9.1.	
Sup n te ee	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of		
F -= 70	(State of country)	What tast confirmed diagnosis? Was there an au	topsy?	
WITH efully in pla ant.	15. MAIDEN NAME Mary E. Miller	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:		
PLAINLY, hould be car OF DEATH very imports	15. MAIDEN NAME Mary E. The least of the last of the l	Accident, suicide, or homicide? Date of injury	, 19	
	Many Page	Whare did injury occur? (Specify city or town, county and State))	
	17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLAC	Œ.	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	Place 1 2 6, 1936	Nature of injury		
-WRIT mation CAUSI TION	19. UNDERTAKER Logicis Stew Que	24. Was disease or injury In any way ralated to occupation of deceased?		
B.	(Address, lendand, hid.	If so, specify		
7	20. FILED Bug 76, 19 16 Dr. J. P. Frankle.	(Signed)	M.	
-	Registrar.	(Address)		

RGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) 7+1011

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		1 3001 1 379		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

AGIN RESERVED FOR BINDING WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7965
1. PLACE OF DEATH	(WA)
County allegamy - WITHIN CORPO	RATE LIMITS, Registration Dist. No. 4
ACTUAL OF THE PARTY OF THE PART	
Village or City Osish Historia.	No. 140 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Pearle HI. Shencer	If U. S. Veteran, specify WAR
(a) Residence: No. 1412 arch	St., 6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale White manual	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended deceased from
vann spineer.	Mary 7, 1926, to Using 4, 1926
6. DATE OF BIRTH (month, day, and year) Alco 29 1885	I last saw here elive on the first said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
50 7 3 1day,hrs.	The PENNCIPAL CAUSE OF DEATH and related causes of importance we're estations:
8. Trade, profession, or particular hind of work done as SPINNED	Worang Combolism Dats of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupetion (month end spent in this occupation yaar)	~~~~~
yaar) t Occupation	Other Contributory Causes of importange?
12. BIRTHPLACE (city or town)	Jastic Carcinoma 1/935-
(State or country)	
13. NAME Samuel Jipton 14. BIRTHPLACE (city or town)	
f4. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Limited Was there an autopsy? Liv
# 15. MAIDEN NAME Lucy dans	23. If death was due to external causes (VIOL ENCE) fill in elso tha following:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, f9
S (Stata or country)	Where did injury occur?
17. INFORMANT Rann Shencer	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 140 Annh Sh.	
18. BURIAL, CREMATION, OR REMOVAL 10 / Q /	Manner of Injury
Place the working 1. labate 0/6, 1936	Nature of injury
the gran	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER ATMO SUlum Inc. (Address)	If so, specify
8: 1 1 0 1 8 3 1 20	(Signed) & Lauch M.D.
20. FILEO Registrat.	(Address) Rumberland Incl
Acgustas.	The state of the s

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

BINDING

FOR

RESERVED

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereoral nemarriage	لا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(39)
County Clegan	CORPORATEREDISTRATION DIST, No. 4
Village or City	No. Man Ward
Length of residence in city or town where death occurredwrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Strang	If U. S. Veteran, specify WAR
(a) Residence: No. 3 Bo alfand (Usual place of (Bode)	St., St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 193.6
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw hat alive on any 22 19 36 death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date steted above.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onsat
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Penis turital
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Conditions of Importance.
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	A. f.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Hes tory Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Comments	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Parland Ind	
18. BURIAL CREMATION OR REMOVAL	Manner of injury
the foller I faul Con Date Lang 24, 19 31	Nature of injury
19. UNDERTAKED Loging Steine Line	24. Was disease or injury in any way related to occupation of deceased?
(Address wheeland, mg.	If so, specify
20. FILED Care 24, 1936, Dr. J. French.	(Signed) M. D.
Registrar.	(Address) United and

STATE OF MADVI AND CEDTIFICATE OF DEATH

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
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Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BITERRY V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	The state of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. ExacTION is very important. See instructions on back of certificate.

V. S. No. 1

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REYNOLDS

	County ALLEG NY Village or City CUMBE Length of rasidence in city or town where	RIAND, M daath occurred BABY BO	D (IF	Registration Dist. No. No. MEMORIAL HOSPITAL St., 6~1 Wa death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth? If U. S. Veteran, specify WAR St., Ward. CTTY If nonresident give city or town and State	
	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
_1	AALE WHITE		RfED, WfDOWED,) (write the word) -LE	21. DATE OF DEATH aug 23 (Day) 1936 (Year)	
6. 1	If merried, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Years Months	AUGUST 2	3, 1936	22. I HEREBY CERTIFY. That I ettended deceased from 23 1936, to duy 23 1936 I last saw harmalive on aug 23 1936; death is so to have occurred on the date steted ebove, at 7:35P.m.	C
	1 day	Deys	f day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	et
OCCUPATION	kind of work done, es SPYNNER, SAWYER, BDDKKEPER, etc	11. Total ti	me (yeers) It in this pation	Corginua weeks	
12,	DIKTHI LACE (City of town)	BERLAND WARYLAND)	Other Contributory Causes of importance:	
ER	13. NAME GEORGE BOPP				
FATHER	14. BIRTHPLACE (city or town)	. C.		Name of operation Dete of	
MOTHER		EIMER VA. J	endricks	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17.	INFORMANT MEMORIAL (Address)	HOSPIT	id rud	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL		1	Manner of injury	

f9. UNDERTAKER (Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specify

24. Wes disease or injury in

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Lovaith	ADDITIONAL SPACE FO	OR FURTHER STAT	EMENTS BY PHYSICIAN	maker.
· Repol	202/11/37	0		
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u>46</u> B
County Hillgary WITHIN COR	PORATE LIMITS. Registration Dist. No. 4
Village or City Cumbulant	No. 826 Shaves Aut. 3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurredyrs,mo	
2. FULL NAME LONGY / Neisto	ettle
(a) Residence: No. 135 Padekenden (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Lemale White Guerran	21. DATE OF DEATH Qug 27 (Month) (Day) (Yeer)
5a. If merried, widowed, os divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Sev W. Melsekellle	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 24, 1871	I last saw here elive on any 1,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Pm.
65 6 27 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Journal duly SAWYER, BOOKKEEPER, etc 9. Industry or business in which	Carcinoua /
work was done, as SILK MILL, Com House	Jestonia and if Shruagh
kind of work done, as SPINNER, Journe duly SAWYER, BOOKKEEPER, etc. January or business in which work was done, as SILK MILL, Dun / Journe SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) occupation	I Inozerfile
12. BIRTHPLACE (city or town) Winchester	Dther Contributory Causes of importance:
(State or country)	
13. NAME Somuel Trenks	
14. BIRTHPLACE (city or town) Winshister	Name of operation Date of
(State or country) Visania	What test confirmed diagnosis? La May Was there an autopsy? 200
15. MAIDEN NAME Famile Hoover 16. BIRTHPLACE (city or town) Winshester (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Winshester	Accident, suicide, or homicide? Date of injury19
E (State or country) Vngma	Where did Injury occur?
17. INFORMANT Misa I da Trenary (Address) 135 In debendus St City	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place of James Com Date Aug 30, 19-36	Manner of injury
19. UNDERTAKER 9. S. Butler	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Cumuland and	If so, specify
20. FILED ang 29, 1936 On g. P. Junkling	(Signed) Ar hr Dueur M. D. (Address)

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

WITH

-WRITE PLAI

NFADING INK-THIS IS A PERMANENT RECO

RGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

AD. Every item of infor-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RGIN RESERVED

DR . HODGES

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 8 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Market State of the State of th			